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ABSTRACT

A total of 616 representative agencies were visited and studied in terms of recreation services provided to handicapped children and youth. Of the 616, 88% provided some recreation services. Findings are presented by category of agency: commercial agencies, libraries and museums, 4-H clubs, churches, community agencies, public recreation agencies, health agencies, hospitals and residential schools, and public and private schools. Data are provided on increase or decrease in services, problems, types of disabilities served, facilities, activities, integration with normal children, community resources used, assistance obtained, transportation provided, and publicity. Comparative data from selected categories of agencies is further discussed in terms of personnel, types of activities provided, and types of disabilities served. Sixty-five tables are included. (KW)

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ENHANCEMENT OF RECREATION SERVICE TO DISABLED CHILDREN

MAY 8 1972

DORIS L. BERRYMAN
PROJECT DIRECTOR

ANNETTE LOGAN

DOROTHY LANDER

EC 041 718

ENHANCEMENT OF RECREATION SERVICE TO DISABLED CHILDREN

PART I

DORIS L. BERRYMAN, PH. D.
PROJECT DIRECTOR

ANNETTE LOGAN, ED. D.

DOROTHY LANDER, M. A.

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Doris L. Berryman, Ph.D.
Project Director
Annette Logan, Ed.D., Therapeutic
Recreation Specialist
Dorothy Lander, M.A., Research
Associate
Bernard Braginsky, Writer-Editor

TABLE OF CONTENTS

Acknowledgements..... i

List of Tables.....iii

I. Background of the Study..... 1

II. Purpose of Study..... 3

III. Project Design..... 4

IV. General Findings..... 15
Agencies Not Providing Recreation Services..15
Agencies Providing Recreation Services.....18

V. Findings by Category of Agency..... 20
Commercial Agencies.....20
Libraries and Museums.....23
4-H Clubs.....26
Churches.....27
Community and Youth Serving Agencies.....30
Public Recreation Agencies.....35
Health Agencies.....39
Hospitals and Residential Schools.....45
Public and Private Schools.....51

VI. Selected Comparative Data..... 58
Personnel.....58
Recreation Activities Provided.....61
Types of Disabilities Served.....63

VII. Summary and Recommendations..... 63

Appendices..... 67

Bibliography..... 91

LIST OF TABLES

Table		Page
3.1	SAMPLE SIZE WITHIN EACH REGION BY CATEGORIES	5
3.2	CORRELATION AMONG RATERS' INDEPENDENT RATING SCORES AT INSTITUTION 1	10
3.3	CORRELATION AMONG RATERS' INDEPENDENT RATING SCORES AT INSTITUTION 2	11
3.4	CORRELATION AMONG RATERS' INDEPENDENT RATING SCORES AT INSTITUTION 3	11
4.1	NUMBER AND PERCENT OF RESPONDANTS SERVING HANDICAPPED BY REGION AND AGENCY CATEGORY	16
4.2	REASONS GIVEN FOR NON-SERVICE TO HANDICAPPED CHILDREN AND YOUTH BY TYPE OF AGENCY	17
4.3	TYPES OF PROBLEMS ANTICIPATED BY AGENCIES IF THEY INITIATED RECREATION SERVICES TO HANDICAPPED	17
4.4	PERCENT OF RESPONDANTS INCREASING OR DECREASING SERVICE TO HANDICAPPED SINCE 1965 BY CATEGORY OF AGENCY	18
4.5	TYPES OF PROBLEMS ENCOUNTERED BY CATEGORY OF AGENCY	19
5.1.1	NUMBER AND PERCENT OF COMMERCIAL AGENCIES SERVING THE HANDICAPPED BY TYPES OF AGENCIES VISITED	20
5.1.2	NUMBER AND PERCENT OF AGENCIES SERVING HANDICAPPED ON A REGULAR OR OCCASSIONAL BASIS	20
5.1.3	TYPES OF DISABILITIES SERVED BY TYPE OF AGENCY	21
5.1.4	ACCESSIBILITY OF COMMERCIAL AGENCIES	22
5.2.1	NUMBER AND PERCENT OF LIBRARIES PROVIDING SERVICES AND COOPERATING WITH OTHER AGENCIES BY TYPE OF DISABILITY	23
5.2.2	TYPES OF ADAPTED EQUIPMENT REPORTED BY LIBRARIES	24
5.3.1	NUMBER AND PERCENT OF MUSEUMS PROVIDING SERVICES AND COOPERATING WITH OTHER AGENCIES BY TYPE OF DISABILITY	25
5.3.2	NUMBER AND PERCENT OF MUSEUM FACILITIES EASILY ACCESSIBLE TO WHEELCHAIR BOUND AND PHYSICALLY HANDICAPPED	25
5.4.1	NUMBER AND PERCENT OF 4-H CLUBS SERVING SPECIFIC TYPES OF DISABILITIES	26
5.5.1	NUMBER AND PERCENT OF CHURCHES PROVIDING RECREATION SERVICES BY TYPE OF DISABILITY	27
5.5.2	ACTIVITIES PROVIDED FOR DISABLED CHILDREN BY CHURCHES BY TYPE OF PARTICIPATION	28
5.5.3	TYPES AND ACCESSIBILITY OF FACILITIES PROVIDED BY CHURCHES	29
5.5.4	TYPES OF ASSISTANCE RECEIVED BY CHURCHES FROM COMMUNITY AGENCIES	30
5.6.1	ESTIMATED NUMBER OF DISABLED CHILDREN SERVED BY COMMUNITY AND YOUTH SERVING AGENCIES	31
5.6.2	ESTIMATED NUMBER OF DISABLED SERVED BY COMMUNITY AND YOUTH SERVING AGENCIES BY TYPE OF DISABILITY	31

Table		Page
5.6.3	TYPES AND ACCESSIBILITY OF FACILITIES PROVIDED BY COMMUNITY AND YOUTH SERVING AGENCIES	32
5.6.4	ACTIVITIES PROVIDED FOR DISABLED CHILDREN BY COMMUNITY AND YOUTH SERVING AGENCIES BY TYPE OF PARTICIPATION	33
5.6.5	TYPES OF COMMUNITY RESOURCES REGULARLY USED BY COMMUNITY AND YOUTH SERVING AGENCIES	34
5.6.6	TYPE OF TRANSPORTATION PROVIDED FOR PARTICIPANTS BY COMMUNITY AND YOUTH SERVING AGENCIES	34
5.6.7	TYPES OF COMMUNITY ASSISTANCE RECEIVED BY COMMUNITY AND YOUTH SERVING AGENCIES	35
5.7.1	BASIS OF SERVICES PROVIDED BY PUBLIC RECREATION AGENCIES BY TYPE OF DISABILITY	36
5.7.2	ACTIVITIES PROVIDED FOR DISABLED CHILDREN BY PUBLIC RECREATION AGENCIES BY TYPE OF PARTICIPATION	37
5.7.3	FACILITIES PROVIDED BY PUBLIC RECREATION AGENCIES	38
5.7.4	TYPES OF MODIFICATIONS OF FACILITIES MADE BY PUBLIC RECREATION AGENCIES TO IMPROVE ACCESSIBILITY	38
5.7.5	TYPES OF COMMUNITY ASSISTANCE RECEIVED BY PUBLIC RECREATION AGENCIES	39
5.8.1	NUMBER AND PERCENT OF HEALTH AGENCIES PROVIDING RECREATION SERVICES BY TYPE OF DISABILITY	40
5.8.2	ESTIMATED NUMBER OF DISABLED CHILDREN AND YOUTH SERVED IN RECREATION PROGRAMS BY HEALTH AGENCIES	40
5.8.3	TYPES OF FACILITIES PROVIDED BY HEALTH AGENCIES	41
5.8.4	ACTIVITIES PROVIDED BY HEALTH ORGANIZATIONS BY TYPE OF PARTICIPATION	42
5.8.5	TYPES OF COMMUNITY RESOURCES REGULARLY USED BY HEALTH AGENCIES	43
5.8.6	TYPES OF COMMUNITY ASSISTANCE RECEIVED BY HEALTH AGENCIES	44
5.8.7	TYPE OF TRANSPORTATION PROVIDED FOR PARTICIPANTS BY HEALTH AGENCIES	44
5.9.1	NUMBER OF DISABLED CHILDREN SERVED BY HOSPITALS AND RESIDENTIAL SCHOOLS	45
5.9.2	DEPARTMENT RESPONSIBLE FOR PLANNING AND CONDUCTING RECREATION SERVICES IN HOSPITALS AND RESIDENTIAL SCHOOLS	46
5.9.3	FACILITIES PROVIDED FOR RECREATION BY GENERAL HOSPITALS	46
5.9.4	FACILITIES PROVIDED FOR RECREATION BY RESIDENTIAL SCHOOLS AND LONG-TERM TREATMENT CENTERS	47
5.9.5	ACTIVITIES PROVIDED BY GENERAL HOSPITALS BY TYPE OF PARTICIPATION	48
5.9.6	ACTIVITIES PROVIDED BY RESIDENTIAL SCHOOLS AND LONG-TERM TREATMENT CENTERS BY TYPE OF PARTICIPATION	48
5.9.7	TYPES OF COMMUNITY RESOURCES USED BY RESIDENTIAL SCHOOLS AND LONG-TERM TREATMENT CENTERS	49
5.9.8	MEAN PERCENTAGE SCORES ACHIEVED ON EVALUATION RATINGS FOR ALL RESIDENTIAL INSTITUTIONS BY REGION	50
5.10.1	ESTIMATED NUMBER OF DISABLED AND NON-DISABLED CHILDREN AND YOUTH INVOLVED IN RECREATION ACTIVITIES BY PUBLIC AND PRIVATE DAY SCHOOLS	51

Table		Page
5.10.2	CLASSROOM ACTIVITIES OF A RECREATIONAL NATURE PROVIDED FOR DISABLED CHILDREN BY REGULAR SCHOOLS BY TYPE OF PARTICIPATION	52
5.10.3	EXTRACURRICULAR ACTIVITIES PROVIDED FOR DISABLED CHILDREN BY REGULAR SCHOOLS BY TYPE OF PARTICIPATION	53
5.10.4	CLASSROOM ACTIVITIES OF A RECREATIONAL NATURE PROVIDED FOR DISABLED CHILDREN BY SPECIAL SCHOOLS BY TYPE OF PARTICIPATION	54
5.10.5	EXTRACURRICULAR ACTIVITIES PROVIDED FOR DISABLED CHILDREN BY SPECIAL SCHOOLS BY TYPE OF PARTICIPATION	55
5.10.6	TYPES OF FACILITIES PROVIDED FOR RECREATION ACTIVITIES FOR DISABLED CHILDREN BY REGULAR SCHOOLS	56
5.10.7	TYPES OF FACILITIES PROVIDED FOR RECREATION ACTIVITIES BY SPECIAL SCHOOLS	57
5.10.8	TYPES OF COMMUNITY ASSISTANCE RECEIVED BY REGULAR AND SPECIAL SCHOOLS	57
5.10.9	NUMBER AND PERCENT OF PUBLIC, PAROCHIAL, AND PRIVATE SCHOOLS PROVIDING RECREATION SERVICES BY TYPE OF DISABILITY	58
6.1.1	TYPES OF STAFF ASSIGNED TO RECREATION PROGRAMS FOR DISABLED CHILDREN BY SELECTED CATEGORIES OF AGENCIES	59
6.1.2	EDUCATIONAL LEVELS OF STAFF ASSIGNED FULL-TIME TO RECREATION PROGRAMS FOR DISABLED CHILDREN AND YOUTH BY SELECTED CATEGORIES OF AGENCIES	60
6.1.3	EDUCATIONAL LEVELS OF FULL-TIME STAFF ASSIGNED TO WORK PART-TIME IN RECREATION PROGRAMS FOR DISABLED CHILDREN AND YOUTH BY SELECTED CATEGORIES OF AGENCIES	60
6.1.4	RANK ORDER OF MAJOR AREA OF STUDY OF FULL-TIME PERSONNEL ASSIGNED TO RECREATION SERVICES FOR DISABLED CHILDREN BY SELECTED CATEGORIES OF AGENCIES	61
6.2.1	TYPES OF PHYSICAL ACTIVITIES PROVIDED FOR DISABLED CHILDREN AND YOUTH BY SELECTED CATEGORIES OF AGENCIES	62
6.2.2	ACTIVITIES, OTHER THAN PHYSICAL, PROVIDED FOR DISABLED CHILDREN AND YOUTH	62
6.3.1	TYPES OF DISABILITIES SERVED BY SELECTED CATEGORIES OF AGENCIES	63

I. BACKGROUND OF THE STUDY

In 1966, Comeback, Inc., supported in part by Grant Number R-196 from the Children's Bureau, completed a comprehensive survey to determine the extent of recreation services offered to disabled children and youth.

Utilizing a cluster sample technique, nine Standard Metropolitan Statistical Areas and one Consolidated Metropolitan Statistical Area were selected to provide the sample population. To assure a reasonable geographic distribution, one SMSA was selected from each of nine geographic regions defined by the Bureau of the Census, with consideration given to a variety of population, ecological, and socioeconomic factors. Utilizing the same criteria, one CMSA was selected. The nine SMSA's and one CMSA selected constituted the cluster sample for this study.

The units surveyed within these areas were institutions, agencies, and organizations providing recreation service to chronically ill or disabled children and youth, either directly or indirectly. Three principle sources for locating them were used:

1) classified telephone directories to obtain lists of all commercial units such as bowling alleys, theatres and dance studios and a ten percent stratified random sample of churches and synagogues of all denominations;

2) reference books listing national and regional organizations;

3) reference books listing local organizations and agencies.

A master list of nearly six thousand possible units was developed which excluded units under exclusive federal auspices and private membership clubs and leagues. Questionnaires were sent to all of these units.

Eight forms of a basic questionnaire were designed to determine the dimensions of recreation service to children and youth and the extent to which this service is available to chronically ill or disabled children and youth for the following categories:

1) Commercial and Proprietary Recreation -- Establishments serving the public.

2) Churches, Libraries, and Museums.

3) County and Municipal Recreation and Park Departments.

4) Fraternal and Service Organizations and all Miscellaneous.

5) Hospitals and Residential Schools.

6) All Health Organizations.

7) Private and Parochial School Districts.

8) U.S. Department of Agriculture, County Extension Service, 4-H Clubs.

A valid sample of 4,522 potential recreation resources for children and youth were identified through the screening processes. Follow-up mailings and field visits were made to non-respondents and unsatisfactory repliers of the first mailing to insure maximum completeness.

Major findings of the study were:

- identification of a variety of recreation resources which are providing services to disabled children and youth.
- identification of a large variety of potential recreation resources which could and should, with additional guidance, provide services to disabled children and youth.
- need for concentrated effort to eliminate architectural barriers which prevent large numbers of physically handicapped children and youth from utilizing existing recreation.
- need for development of more recreation programs integrating disabled with non-disabled children and youth.
- identification of some of the problems affecting the operation, functioning, general usefulness, and effectiveness of recreation services for disabled children and youth.
- need for concentrated effort in the development and expansion of recreation services in hospitals and residential schools.
- need for development of more specialized programs for children and youth with sensory deprivations such as tactile exhibits in museums, amplifiers with earphones in auditoriums.

Results of the survey revealed the need for obtaining more in-depth information concerning the following:

1) architectural barriers and methods of removing or minimizing them;

2) extent and quality of recreation services currently provided to disabled children and youth in all types of recreation agencies and organizations;

3) criteria for development of segregated and integrated recreation services for disabled children and youth;

4) development of standards for recreation services provided to disabled children and youth.*

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* For description of procedures and findings of this study see: Availability and Utilization of Recreation Resources for Chronically Ill and Disabled Children and Youth in the United States, Final Report for Children's Bureau Grant No. R-196, published by New York University, School of Education.

II. PURPOSE OF STUDY

Based on the findings and recommendations of the previous study, the purpose of this project was to study in greater depth, a sampling of the original survey population in order to:

1) obtain an estimate of the type and quality of recreation services provided to physically disabled and mentally retarded children and youth in a representative national sample of a wide variety of agencies, organizations and institutions in the public, voluntary, and private sectors;

2) develop recommended standards and criteria for provision of recreation services to handicapped children and youth;

3) identify problems and obstacles encountered by recreation resources which do provide services to physically disabled and mentally retarded children and youth and discover the reasons why some resources provide these services to non-disabled children and youth only;

4) write, and prepare for distribution, pamphlets which will assist communities and their agencies, organizations, and institutions in the initiation, improvement and/or expansion of recreation services to physically disabled and mentally retarded children and youth.

III. PROJECT DESIGN

A. Sample Selection

A random representative sample was selected from all respondents to Children's Bureau project R-196 conducted by Comeback, Inc., in 1964-1966. As already described, the population of R-196 was a cluster sample, representative of the United States utilizing one Standard Metropolitan Statistical area selected from each of nine geographical regions and one Consolidated Metropolitan Statistical area. The SMSA's were: Providence, Rhode Island; Buffalo, New York; Indianapolis, Indiana; Minneapolis, Minnesota; Norfolk, Virginia; Birmingham, Alabama; Dallas, Texas; Denver, Colorado; and Portland, Oregon. The CMSA was Chicago, Illinois. (See Appendix A for a list of the incorporated and unincorporated places visited within each area.) The SMSA's, the CMSA, and categories of agencies and organizations were not changed from R-196. (See Appendix B for description of categories.)

The procedures used in selecting the representative sample were as follows:

1) A proportion of responses in each region in relation to total responses in R-196 was computed; the proportion of responses in each category in relation to total regional responses was then computed.

2) It was decided that 800 agencies, 600 serving disabled and 200 serving non-disabled only (NDO), could be visited during the time allotted for this phase of study.

3) 600 agencies serving disabled children were randomly selected from the total respondents in each category within each region in a proportion equivalent to the computed proportions in step 1.

4) A similar procedure was followed to obtain 200 agencies serving non-disabled children only.

However, since there were many commercial respondents in relation to the other categories in the original study, the representative sample was heavily weighted in this category. For the purposes of this study, commercial agencies are not as important as other types of agencies. Therefore, it was decided to remove about half of these agencies from each region and redistribute this amount to the remaining categories. Table 3.1 shows the breakdown of number of agencies to be visited, by category and region.

A strictly random sampling, at times, excluded or underrepresented some agencies. The procedure used to correct this situation was to replace the card selected from the population and pull the next card, repeating this procedure until a more representative sample had been drawn. For example, in category two (churches, libraries, and museums) a random selection produced a sample almost completely made up of libraries. In order to get information on churches and museums, the final sample was derived by using the above procedure.

Table 3.1

Sample Size Within Each Region by Categories***

Region	Commercial		Churches Libraries & Museums		Recreation & Park Departments		Fraternal & Service Organizations		Hospitals & Residence Schools		Health Agencies		School Districts		4-H Clubs		Total	
	Dis	NDO*	Dis	NDO	Dis	NDO	Dis	NDO	Dis	NR**	Dis	NR	Dis	NDO	Dis	NDO	Dis	NDO
I Providence	8	4	5	2	3	2	13	3	6	0	4	2	14	2	7	1	60	16
II Buffalo	5	4	15	1	4	1	6	1	5	0	4	0	6	1	1	0	46	8
III Indianapolis	7	5	8	2	1	0	5	2	5	0	4	0	7	2	2	1	39	12
IV Minneapolis	19	7	14	4	3	2	14	1	13	0	8	0	5	1	4	1	80	16
V Norfolk	7	5	9	5	3	1	1	3	2	0	2	0	2	1	1	1	27	16
VI Birmingham	5	3	7	4	1	1	4	1	2	1	4	0	4	1	5	1	32	12
VII Dallas	11	5	16	9	6	1	8	1	6	2	8	0	16	3	0	1	71	22
VIII Denver	10	4	13	4	5	1	8	1	5	0	4	0	7	1	4	1	56	12
IX Portland	9	3	8	3	3	0	9	1	5	1	7	1	12	1	7	1	59	11
X Chicago	19	24	34	21	14	7	13	7	14	0	8	0	34	11	10	9	146	79
Total	100	64	129	55	43	16	81	21	63	4	53	3	107	24	41	17	617	204

* Non-Disabled Only
** NR- No Recreation
*** Where zero occurs, there were no respondents in original survey.

B. Development of Standards and Evaluative Criteria

A search of the literature was conducted in order to find guidelines, references to standards for recreation service, attitudes toward providing recreation services to disabled children, and other pertinent information.

The following indices, guides, and collections of research bibliographies served as major sources of information.

1. Research in Recreation -- 1965, Part I and Part II, National Recreation and Park Association.

2. A Bibliography on Research Related to Recreation -- 1961, Betty van der Smissen (comp.), University of Iowa, Iowa City, Iowa.

3. Research Relating to Children -- Bulletin No. 3., Bulletin No. 18.

4. Dissertation Abstracts -- 1957-1967.

5. Education Index -- 1957-1967.

6. Index Medicus -- 1957-1967.

7. Psychological Abstracts - 1957-1967.

8. Books in Print -- 1967.

9. Recreation for the Handicapped: A Bibliography -- 1965, Southern Illinois University, Carbondale, Illinois.

10. Recreation for the Handicapped: A Bibliography -- 1967 Southern Illinois University, Carbondale, Illinois.

11. Readers Guide to Periodical Literature -- 1957-1967.

12. Outdoor Recreation Research -- 1966, U.S. Department of Interior, Bureau of Outdoor Recreation.

The literature searched in the field of recreation and the special area of therapeutic recreation for references on standards for conducting recreation services for disabled children and youth revealed that there are no generally accepted standards. However, two references were found which were used as guides in the development of standards: a) Evaluation of Community Recreation. A Guide to Evaluation with Standards and Evaluative Criteria[1]; and b) The Comstac Report: Standards for Strengthened Services (for the blind).[2] Several references were found which presented suggested

1. Evaluation of Community Recreation. A Guide to Evaluation with Standards and Evaluative Criteria (New York: National Recreation Association, 1965).
2. Frances A. Koestler (ed.), The Comstac Report: Standards for Strengthened Services (New York: Commission on Standards and Accreditation of Services for the Blind, 1966), p. 329-338.

standards in specific categories such as facilities, playrooms in hospitals, personnel, etc. These were also utilized in developing the set of standards for this study.[1,2,3,4,5]

In proceeding to develop standards for this study, the project team decided that standards for hospitals and residential schools or treatment settings would need to be more comprehensive than those for other types of settings such as youth serving organizations, churches, municipal recreation, etc. Therefore, the first procedures related to establishing a comprehensive set of standards from which relevant standards for various settings could be extracted.

Development of Principles.-From the existing literature on principles, practices, and suggested standards for providing recreation services to normal and disabled children and youth, single statements of principles relating to standards for provision of services were derived.

For convenience of handling, the statements of principles and standards were divided into the following broad categories:

1) Philosophy and Goals.

2) Administration.

3) Personnel.

4) Programming.

5) Areas, Facilities and Equipment.

6) Evaluation Research.

This format was used by the Great Lakes District Program Standards Committee in developing its draft of the standards and evaluative criteria, published by the National Recreation Association[6] and was a useful one for this study.

---

1. Standards (New York: Playschools Association, 1953).

2. Claudette Lefebvre, "Developing a Pediatric Out-Patient Clinic Playroom" (Master's degree research project, New York University, 1964), p. 26-27. Unpublished.

3. Planning Areas and Facilities for Health, Physical Education, and Recreation by Participants in National Facilities Conference (rev. ed.; Chicago: The Athletic Institute; Washington: American Association for Health, Physical Education, and Recreation, 1965), p. 237-255.

4. Bureau of Outdoor Recreation, Outdoor Recreation Space Standards (Washington 20402: Government Printing Office, 1967).

5. Bureau of Outdoor Recreation, Outdoor Recreation Planning for the Handicapped (Washington 20402: Government Printing Office, 1967).

6. Evaluation of Community Recreation. A Guide to Evaluation with Standards and Evaluative Criteria (New York: National Recreation Association, 1965).

The statements of principles were submitted to a jury of nine experts in therapeutic recreation who were asked to indicate whether they agreed or disagreed with each statement and to make any changes or additions they felt necessary. (See Appendix C for list of Jury Members.)

All of the statements submitted to the jury were accepted, but modifications were suggested for some of them. Editorial changes suggested by individual members were made where the investigator felt such changes clarified the statement without changing content. In those instances where three or more members suggested similar changes in content, the original statement along with the suggested changes were sent to all members for their approval or disapproval.

A total of fifty-two principles evolved from this procedure and were used as a basis for developing the standards and evaluative criteria. The breakdown of principles by category was: Philosophy and Goals, 2; Administration, 9; Personnel, 20; Programming, 10; Facilities and Equipment, 9; Evaluation and Research, 2.

Development of Standards and Evaluative Criteria.- Based upon the established principles a set of standards was developed in each of the six categories mentioned above. For each standard, evaluative criteria were developed which would be used as a means of evaluating the extent to which the standard is met. In some instances a standard was its own evaluative criterion. In others, it was necessary to divide a criterion into two or more sub-criteria.

The standards and evaluative criteria were then submitted to the jury. They were asked to indicate whether each standard, criterion and sub-criterion was essential, desirable, or not applicable. They were also asked to suggest any changes or additions they felt necessary. When these were returned, the investigator followed the same procedure for including, excluding or making changes as was followed in developing the principles. The revised list was then sent to the members on a form which showed the ratings and comments of all members.

Shortly after the revised list had been sent out, a one-day conference was held at New York University attended by the jury members, project staff, project's recreation education consultant, and representatives from Camp Fire Girls, Boys' Clubs of America, National Federation of Settlement and Neighborhood Centers, United Cerebral Palsy of New York City, and Westchester County Commission of Parks, Recreation, and Conservation. (See Appendix D for list of Agency representatives attending conference.)

The jury members worked together with the project staff and consultant in the morning and evening sessions to attain consensus on each standard and criterion. The afternoon session was divided into three groups with one or two jury members and a project staff member or consultant sitting in with each group. The groups were established on the basis of the types of agencies or organizations represented. Group I directed its attention to Municipal Recreation Agencies and programs sponsored in the community by health agencies such as United Cerebral Palsy; Group II concerned itself with private and voluntary recreation agencies such as settlement houses, YM and YWCA's, Jewish Community Centers; and Group III directed its attention to youth serving organizations such as Boys' Clubs, Camp Fire Girls, etc.

Each group was charged with the responsibility of extracting from the standards and criteria already developed, those standards and criteria which the members felt could be realistically and appropriately applied to agencies falling into the particular category they were discussing. Neither the jury nor any of the groups was able to complete its assignment.

Immediately following the meeting, the investigator rewrote the standards and evaluative criteria in accordance with the results of the day's deliberations.

The revised standards and evaluative criteria were sent to three recognized authorities in the areas of psychiatry, mental retardation and rehabilitation medicine for their comments concerning the applicability of the standards and criteria in the types of institutions with which they were fully familiar. The three consultants who assisted in this phase of the study were: Paul Haun, M.D.,[1] Director of Psychiatric Education, New Jersey Department of Institutions and Agencies (an authority in psychiatry); Daniel F. Ringelheim, Ph.D., Associate Professor of Educational Psychology, New York University (an authority on mental retardation); and Chester A. Swinyard, M.D., Professor of Rehabilitation Medicine, New York University Medical School.

Their comments and suggestions were tabulated and presented to the jury at a second meeting which resulted in the development of the final draft of the standards and evaluative criteria to be used in this study.

Development of Rating Instrument.- Immediately after the second meeting, the revised standards and evaluative criteria were sent to the fifty practitioners, educators and consultants as well as the nine jury members asking them to rate each standard, criterion and sub-criterion as Essential (3), Highly Desirable (2), Desirable (1), or Not Too Important (0). The results of these ratings were used in establishing a weighting index factor to be used in establishing an agency's rating. Any standard, criterion or sub-criterion considered to be "Not Too Important" by fifty-one percent or more of the raters was to be deleted. However, this step proved not to be necessary.

A rating instrument was designed to permit the evaluator to rate, on a four-point scale, the extent to which each criterion and sub-criterion is met. A four-point scale with no neutral answer possible was used to help reduce the "error of central tendency" inherent in rating scales and thus increase the validity of the ratings.

The four possible ratings are:

3 - When the criterion or sub-criterion is met completely.

2 - When it is met for the most part or in the majority of instances.

1 - When it is seldom met or met in the minority of instances.

0 - When it is not met at all.

A column was also provided to check when a standard, criterion, or sub-criterion was not applicable to a given institution. A complete list

1. Deceased, 1969.

of the standards and criteria, the rating instrument, and description of the weighted scoring system used in the study will be found in Part II of this report.

Validity of Instrument.- Validity of the instrument was assumed since at least seven of the nine jury members and majority of the fifty raters had judged each standard, criterion and sub-criterion as suitable measures for this study.

Sellitz and others point out that many investigators using rating scales have "assumed that their scales were valid when the following conditions obtained: (1) the attributes being measured were relatively 'objective,' so that their meaning would be uniformly understood by the raters using the scales; (2) the ratings themselves were obtained under optimal conditions, including carefully constructed scales, trained judges, and specified common frames of reference. Under these conditions, one may not go too far wrong in assuming that if the obtained ratings are reliable, they are probably also valid."[1]

Reliability of Instrument.- Eighteen institutions agreed to participate in a pilot study to test the reliability of the rating scale. Eight of these are general hospitals with varying bed capacities (four municipal and four voluntary), three are institutions for the emotionally disturbed, two are chronic disease hospitals, and there are one each of the following: a rehabilitation center, a state school for retarded persons, a residential school for blind and visually handicapped, a residential school for deaf and hearing-impaired, and a hospital for cancer and allied diseases. (See Appendix E for list of participating institutions.)

Three teams of three evaluators, one of whom on each team was the project director and the other two experienced therapeutic recreation specialists, visited each institution. The project director functioned as interviewer as well as rater in all instances and the two specialists in each team each made independent ratings.

The ratings of each of the three raters were correlated using the Pierson Product Moment method after the visit to the first three hospitals. Separate correlations were computed for the scores by standard, criterion, and sub-criterion at each institution. Table 3.2 shows the correlation among raters at the first institution.

TABLE 3.2

Correlation Among Raters' Independent Rating Score at Institution 1.

Standards N=51		Criteria N=180		Sub-criteria N=49	
Raters	r	Raters	r	Raters	r
1 vs. 2	.9314	1 vs. 2	.8993	1 vs. 2	.8444
1 vs. 3	.9296	1 vs. 3	.9029	1 vs. 3	.7342
2 vs. 3	.9507	2 vs. 3	.8629	2 vs. 3	.7884

These ratings, while highly significant statistically, indicated some difference in interpretation of the standards and criteria. The rating

1. Claire Sellitz and others, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1963), p. 356.

team agreed that there was a need to make editorial revisions in a few of the statements of standards and in several of the criteria and sub-criteria. Since there was agreement among the raters concerning where these changes should be made, the project staff decided to make the changes, use the revised rating scale at the second institution, and run new correlations.

Table 3.3 shows the higher correlations obtained among the raters at the second institution after making these changes.

TABLE 3.3

Correlation Among Raters' Independent Rating Scores at Institution 2.

Standards N=51		Criteria N=180		Sub-criteria N=49	
Raters	r	Raters	r	Raters	r
1 vs. 2	.9742	1 vs. 2	.9670	1 vs. 2	.8862
1 vs. 3	.9737	1 vs. 3	.9480	1 vs. 3	.8515
2 vs. 3	.9995	2 vs. 3	.9809	2 vs. 3	.9674

Based on further discussion among the raters, the project team, and comments sent by one of the consultants, further editorial revisions were made. Table 3.4 shows the correlations obtained by a different team of raters at the third institution. (This team conducted the remaining evaluation visits.)

TABLE 3.4

Correlation Among Raters' Independent Rating Scores at Institution 3.

Standards N=51		Criteria N=172		Sub-criteria N=47	
Raters	r	Raters	r	Raters	r
1 vs. 2	.9728	1 vs. 2	.9367	1 vs. 2	.9923
1 vs. 3	.9743	1 vs. 3	.9739	1 vs. 3	.9981
2 vs. 3	.9689	2 vs. 3	.9413	2 vs. 3	.9900

Since the coefficients of correlation among the raters appeared to have stabilized at an extremely high level, it was felt there was no particular justification for carrying out the time-consuming task of item analysis.

Meetings with National Agencies.- Concurrent with the running of the pilot study, the Project Staff talked with representatives of the YWCA, YMCA, Girl Scouts of America, Boy Scouts of America, Campfire Girls, Boys'Clubs of America, National Association of Neighborhood Houses and Settlements, and United Cerebral Palsy Association concerning utilization of the standards and criteria for evaluating programs for disabled children and youth conducted in or by these organizations.

There was general agreement among all those approached that the concept of establishing standards and criteria for recreation services provided to disabled children and youth by an organization was highly desirable. They also agreed that a number of the standards and criteria we had developed were appropriate for their programs. It was generally felt, however, that it was almost impossible, in the time available, to arrive at a single set of standards and criteria which would be applicable to all organizations and agencies.

The project staff and research consultant then agreed that the interviewer, when visiting such agencies and organizations during the field investigation, would obtain information on: (a) type of activity program provided; (b) how often a program is conducted; (c) for which disability and age groups it is offered; (d) background and qualifications of personnel conducting program; (e) utilization of consultants; (f) number and type of architectural barriers; (g) coordination and cooperation with other agencies and organizations. This information would make it possible to compare programs in different types of agencies and to make some judgment on the quality of the programs.

C. Development of Interview Guides

Interview guides were designed for use during the field visits in order to systematically gather data including the following:

1) number of children and youth served and numbers of handicapped children and youth and types of disabilities served;

2) number and types of facilities available, and number and types of architectural barriers and accessibility to public transportation;

3) types of recreation activities provided to handicapped children and youth on both an integrated and segregated basis;

4) number, type, and education level of personnel providing recreation service to handicapped children and youth;

5) information on utilization of volunteers;

6) information on types of problems anticipated, actually encountered, and how solved;

7) information on how handicapped children are referred to agency and extent of cooperation with other agencies and organizations;

8) opinions of interviewers concerning what agencies should provide recreation services to handicapped children.

An additional interview guide was developed for those agencies which do not provide recreation services to handicapped children and youth to determine:

1) whether they had provided such services in the past and if so why had they stopped;

2) what reasons they have for not servicing handicapped children and youth;

3) their opinions on who should provide such services and whether they should be intergrated or segregated;

4) whether or not they had ever been asked to provide recreation services to handicapped children and youth.

The interview guides were pre-tested by conducting a number of interviews in representative agencies and organizations in the New York City area (copies of the guides will be found in Appendix F).

D. Field Investigations

Letters requesting the cooperation of the agencies and organizations selected for the study were sent out four to six weeks before the field investigator was scheduled to arrive in a given SMSA or the CMSA. Any agency or organization which either refused to participate or was no longer in operation was replaced by another from the R-196 population which resembled it as closely as possible. Where possible, tentative interview dates were set with those who agreed to participate which were then confirmed when the field investigator arrived in the area.

E. Coding and Analysis

Hand tallying sheets were designed to record the data taken from the questionnaires. Separate sets of tally sheets were maintained for data by:

1) region;

2) category of agency;

3) type of disability served.

Data from the tallying sheets provided basic numerical information on each question from which percentages could be easily computed.

In order to carry out cross-tabulations of data it was necessary to develop a coding system which would permit the data to be punched on IBM cards. Computer programs were then designed to carry out cross-tabulations of selected variables.

F. Preparation of Pamphlets

Following the completion of the field interviews, the project staff conducted a preliminary analysis of the data to determine the type and content of the proposed pamphlets.

Results of this analysis indicated that three pamphlets could be developed. One would comprise the standards and criteria for recreation services in hospitals and residential schools and treatment centers and include instructions for their use in self-evaluation. The second pamphlet would provide information to community recreation agencies on how to develop or improve recreation services to disabled children and youth. The third pamphlet would provide information to parents on how and where to obtain recreation services for their disabled child or youth.

A professional writer joined the staff at this time to assist in writing these three pamphlets. After he had completed drafts of the pamphlets for community agencies and parents, they were sent to members of the jury and

eight individuals who had participated in the field investigations. These individuals, from different parts of the country and representing several types of agencies were asked to serve as editorial consultants in preparation of the pamphlets for agencies and parents. (See Appendix G for list of their names and titles.) In February, 1970, a two-day work conference was held attended by these consultants and members of the jury who had assisted in the development of the standards. This meeting resulted in the development of final drafts of the agency and parent pamphlets and further revisions of the standards along with suggestions for directions for their use in self-evaluation.

IV. GENERAL FINDINGS

Of the 821 agencies selected to be included in the study, only 616 were actually visited by the field interviewer. Reasons for the reduction in the study population were:

1) Consolidations and mergers of some agencies were found in some towns and cities.

2) Some agencies had ceased to operate and suitable replacements were not available from the R-196 population.

3) Public libraries in some cities chose to be interviewed as a system rather than as individual libraries.

4) School systems in some places had consolidated special education programs under special education districts.

5) Time limitations sometimes made it impossible for the field investigator to make appointment interviews with some agencies and suitable replacements were not available from the R-196 population.

Of the 616 agencies and organizations interviewed, 542 (88%) provide some recreation service to handicapped children and youth. Table 4.1 shows the number and percent of respondants providing recreation services to the handicapped by region and category of agency.

Results of the previous survey showed that 63% of respondants reported provision of some recreation service to handicapped children and youth. The 25% increase in service found during this survey may reflect an actual increase in the proportion of agencies providing service, but is undoubtedly due in part to the fact that the personal interviews conducted for this study probably resulted in more accurate information than the mailed questionnaires used in the R-196 survey.

A. Agencies Not Providing Recreation Services

Table 4.2 shows the major reasons for non-service given by the 74 agencies reporting that they do not provide recreation services to handicapped children and youth. One-half of the commercial agencies and over 1/3 of the churches, libraries and museums indicated they had never been asked to provide services. Over half of the churches, libraries and museums were of the opinion that there were no handicapped children or youth in the area served by the agency. In addition to the reasons listed in the table, twelve agencies stated that architectural barriers in their facilities would prevent them from servicing persons with severe physical handicaps.

Table 4.3 shows the types of problems these 74 agencies anticipated they might encounter if they were to attempt initiating recreation services to handicapped children and youth. The primary concern of over half of the agencies was in relation to the need for additional and/or better trained staff. Over one third of the agencies were concerned about the physical and mental limitations of handicapped children and 31% reported anticipating financial problems. Architectural barriers were anticipated as a

Table 4.1

Number and Percent of Respondants Serving Handicapped
by Region and Agency Category

Region	Commercial			Churches Libraries & Museums			Recreation and Park Departments			Fraternal & Service Organizations			Hospitals & Residence Schools			Health Agencies			School Districts			4-H Clubs			Total		
	A	B	%	A	B	%	A	B	%	A	B	%	A	C	%	A	C	%	A	B	%	A	B	%	A	B	%
I Providence	10	8	80	4	3	75	4	4	100	14	11	79	6	6	100	6	5	83	10	10	100	2	2	100	56	49	88
II Buffalo	8	7	88	14	11	79	4	3	75	4	4	100	3	3	100	4	4	100	7	7	100	1	0	50	45	39	87
III Indianapolis	12	8	67	10	8	80	1	1	100	6	5	83	3	3	100	4	4	100	9	9	100	3	3	100	48	41	85
IV Minneapolis	20	15	75	17	9	53	5	5	100	13	12	92	13	13	100	8	6	75	4	4	100	4	4	100	84	68	81
V Norfolk	12	9	75	14	13	93	4	4	100	4	3	75	2	2	100	2	2	100	2	2	100	1	1	100	41	36	88
VI Birmingham	8	7	88	6	6	100	2	1	50	5	3	60	3	3	100	4	4	100	5	5	100	2	2	100	35	31	89
VII Dallas	10	7	70	18	16	89	6	6	100	7	5	71	5	5	100	8	8	100	19	17	89	1	0	50	74	64	86
VIII Denver	14	13	93	14	12	86	5	5	100	9	9	100	4	4	100	3	3	100	8	7	88	3	3	100	60	56	93
IX Portland	10	9	90	9	6	67	3	3	100	6	6	100	5	5	100	7	5	71	13	12	92	3	3	100	56	49	88
X Chicago	30	26	87	22	21	95	19	18	95	8	8	100	7	7	100	8	6	75	19	19	100	4	4	100	117	109	93
Total	134	109	81	128	105	82	53	50	94	76	66	87	51	51	100	54	47	87	96	92	96	24	22	92	616	542	88

Legend: A = Number Interviewed; B = Number Serving Handicapped; C = Number Providing Recreation; % = Per Cent Serving Handicapped

major problem by 28% of the agencies and 24% reported concern about problems related to planning and maintaining appropriate programs. Eighteen (24%) of the agencies stated they anticipated no problems. However, eight of these were commercial agencies and nine were in the churches, libraries and museums category.

Table 4.2

Reasons Given for Non-Service to Handicapped Children and Youth by Type of Agency

Reason*	Commercial	Churches, Libraries & Museums	Recreation & Park Department	Fraternal & Service	Hospitals & Residential Schools	Health Agencies	School Districts	4-H	Total Number	Total Per Cent
Never Been Asked	22	9	1	3	-	-	1	1	37	50
No Disabled in Area	3	15	2	1	-	-	1	1	23	31
Lack of Trained Staff	3	7	2	4	-	-	2	1	19	26
No Children Services	3	8		1		1			13	18
Recreation Not Purpose of Agency	-	-	-	5	-	5	-	-	10	14
Extra Expense (Insurance, Staff, etc.	1	2	1	1	-	-	2	-	7	9
Would Duplicate Other Services		1				1	3	1	6	8
N =	25	23	3	10	0	7	4	2	74	

* Some agencies gave more than one reason.

Table 4.3

Types of Problems Anticipated by Agencies if They Initiated Recreation Services to Handicapped (N=74)

Type of Problem	Number of Agencies	Per Cent of Agencies
Personnel (Numbers & Training)	39	53
Physical & Mental Limitations of Handicapped	27	36
Finances	23	31
Architectural Barriers	21	28
Program Planning & Maintenance	18	24
Acceptance by Non-Handicapped	5	7
Recruitment of Handicapped	5	7
Safety	3	4
Parental Difficulties	2	3
Transportation	2	3
Lack of Volunteers	2	3
No Problems Anticipated	18	24

B. Agencies Providing Recreation Services

Of the 542 agencies reporting some recreation services, 45% stated they had increased their services since 1965. Table 4.4 shows the per cent of agencies reporting increase, decrease or no change in service by category of agency. Types of increase in services included expanding programs to serve additional disabilities; involving larger numbers of handicapped youngsters; increasing the number of segregated programs offered; and increasing the variety of activities offered.

Reasons given for decreasing services included lack of trained staff, insufficient funds, lack of attendance by handicapped children and youth, and lack of parental interest.

Table 4.5 shows the types of problems encountered by agencies in providing recreation services to handicapped children and youth by category of agency. The per cent of agencies reporting no problems ranged from 4% of Recreation and Park Departments to 56% of Commercial agencies. Problems most often reported by all but Commercial agencies related to adequate numbers and/or trained personnel. Commercial agencies most often reported problems relating to safety.

Table 4.4

Per Cent of Respondants Increasing or Decreasing Service To Handicapped Since 1965 By Category of Agency

Category	Change In Service: Per Cent Increasing Service	Per Cent Decreasing Service	Per Cent No Change	Per Cent No Records
Commercial	38	10	15	37
Libraries and Museums	30	12	6	52
Churches	61	14	17	8
Recreation and Parks Departments	33	13	8	46
Fraternal and Service Organizations	54	10	10	26
Hospitals and Residential Schools	24	12	56	8
Health Agencies	49	6	21	24
School Districts	63	10	10	17
4-H Clubs	52	9	21	17
Total	45	11	18	26

Table 4.5

Types of Problems Encountered By Category of Agency

Problems Encountered	Comc'l.		Church Lib. & Museums		Rec. & Park Dept.		Frat. & Service Orgs.		Hosp. & Res. Schools		Health Agencies		School Districts		4-H Clubs		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
None	61	56*	30	29*	2	4*	8	12*	20	39*	7	15*	13	14*	6	27*	147	27*
Transportation	5	10	4	5	12	26	10	17	0	0	13	33	18	23	2	13	64	16
Adequate Personnel Numbers & Training	5	10	17	23	13	26	25	43	12	39	15	38	52	66	7	44	146	37
Parental Difficulties	4	8	2	3	5	11	4	7	0	0	14	35	19	24	6	38	54	14
Acceptance by Non-Handicapped	6	12	9	12	8	17	8	14	0	0	5	13	6	8	1	6	43	11
Logistics & Scheduling	5	10	9	12	6	13	6	10	3	10	2	5	10	13	0	0	41	10
Phys. & Mental Limitations of Handi.	7	15	10	13	8	17	19	33	3	10	5	13	21	27	7	44	80	20
Finances	0	0	10	13	4	9	11	19	13	42	6	15	11	14	0	0	55	14
Volunteers (Lack of)	0	0	3	4	3	6	8	14	3	10	9	23	2	3	2	13	30	8
Architectural Barrier	4	8	16	21	5	11	6	10	0	0	8	20	4	5	2	13	45	11
Safety	8	17	3	4	0	0	1	2	2	6	0	0	0	0	0	0	14	4
Recruitment of Hand.	0	0	3	4	2	4	4	7	0	0	5	13	2	3	0	0	16	4
Outside Agency Contacts	2	4	3	4	4	9	1	2	4	13	1	3	4	5	0	0	19	5
N=	48		75		48		58		31		40		79		16		395	

* Per Cent of total N in each category.

V. FINDINGS BY CATEGORY OF AGENCY

A. Commercial Agencies

A total of 109 commercial agencies stated they provide some service to handicapped children and youth. Table 5.1.1 lists the types of agencies visited and number and per cent serving handicapped children.

Table 5.1.1

Number and Per Cent of Commercial Agencies Serving the Handicapped by Types of Agencies Visited

Type of Agency	Number	Per Cent Total	No. Serving Handicapped	% Serving Handicapped
Bowling Alleys	39	29	32	82
Theatres	38	28	35	92
Schools & Studios (Dance & Music)	16	12	11	69
Billiard Parlors	8	6	6	75
Indoor Sports Facilities (Skating rinks, gyms, pools)	10	8	7	70
Amusement Parks	10	8	8	80
Sports Arenas	5	3	4	80
Miscellaneous	8	6	6	75
Total	134	100	109	

Table 5.1.2 shows the number and per cent of agencies providing service on a regular or occassional basis to individuals, groups or both.

Table 5.1.2

Number and Per Cent of Agencies Serving Handicapped on a Regular or Occassional Basis

	Number of Agencies	Per Cent of Agencies
Primarily Individuals on a Regular Basis	32	29
Primarily Groups on a Regular Basis	26	24
Groups & Individuals on a Regular Basis	19	18
Occasional Only, Group or Individual	32	29
Total	109	100

Bowling alleys and movie theatres most frequently reported services provided on a regular basis and dance and music studios along with indoor sports facilities most frequently reported services provided on an occasional basis.

Table 5.1.3 shows the breakdown by type of agency of the number and percent of agencies serving specific types of disabilities.

Table 5.1.3

Types of Disabilities Served
by Type of Agency

Type of Agency	Total Number	Blind		Deaf		Wheel-Chair		Walking		Other Phys. Dis.		Mentally Retarded	
		N	%	N	%	N	%	N	%	N	%	N	%
Theatres	35	13	37	12	34	20	57	18	51	15	43	15	43
Bowling Alleys	32	8	25	11	34	9	28	12	38	13	41	21	66
Studios & Schools (dance, music, etc.)	11	4	36	1	9	0	0	5	45	4	36	5	45
Amusement Parks	8	7	88	7	88	6	75	8	100	8	100	7	88
Indoor Sports Facil. (Skating rinks, gyms, etc.)	7	4	57	5	71	3	43	4	57	3	43	4	57
Billiard Parlors	6	1	17	1	17	2	33	4	67	3	50	1	17
Sports Arenas & Stadia	4	2	50	2	50	3	75	2	50	2	50	2	50
Miscellaneous	6	0	0	2	33	1	17	2	33	3	50	2	33
Total	109	39	36	41	38	44	40	55	50	51	47	57	52

Children and youth who are blind or deaf were served least often and youngsters who are mentally retarded or have walking disabilities were most often served.

For the most part commercial agencies serve disabled youngsters regularly on an individual basis and only occasionaly serve groups. However, some bowling alleys, dance studios, and a few theatres reported they regularly serve groups of disabled children and youth.

In virtually all of the theatres, billiard parlors, indoor sports facilities, amusement parks and sports arenas, disabled children and youth are served on an integrated basis with other patrons. Some bowling alleys and schools or studios provide special times for groups of disabled youngsters on a segregated basis.

Some commercial agencies reported special group rates or free admission to groups of disabled children and youth coming from special schools, residential treatment centers and community sponsored programs for the handicapped.

Architectural barriers prevent many of the commercial agencies from providing service to physically handicapped persons. Table 5.1.4 shows the number and percent of the major types of agencies which are accessible, either by design or adaptation compared to the number and percent which are not easily accessible.

Table 5.1.4

Accessibility of Commercial Agencies

Type of Facility	Accessible or Adapted		Not Easily Accessible		Total	
	Number	Percent	Number	Percent	Number	Percent
Bowling Alleys	23	59	16	41	39	100
Theatres	34	89	4	11	38	100
Studios (dance & music)	10	63	6	37	16	100
Indoor Sports Facilities	8	80	2	20	10	100
Billiard Parlors	5	63	3	37	8	100

A number of the bowling alleys, studios, indoor sports facilities and billiard parlors were located on the second floors of buildings with no elevators. In addition, in most of these agencies, doorways to restrooms and/or toilet stalls were too narrow to permit access by wheelchair. Another barrier found in some bowling alleys was the number of steps leading from the entrance level down to the bowling alleys. Barriers found in theatres primarily affected wheelchair bound persons in relation to access to rest rooms and/or convenient location in the theatre for placement of a wheelchair.

Only one theatre manager reported that he had widened the doors to the rest rooms to permit access by wheelchair. Several managers stated that they had one or more removable seats in their theatres. Four bowling alley managers reported that they had special guide rails for blind persons and two provide portable ramps for easy access at the building entrance.

Nearly one-fourth (24%) of the agencies visited are not located near any form of public transportation. Of the remaining agencies, 38% reported that public transportation is available less than one block away, 31% stated that the nearest transportation is from one to three blocks away, and for the remaining 7% transportation is available three or more blocks from their location.

B. Libraries and Museums

Category 2 included churches, libraries, and museums. Because recreation services provided by churches resembled those provided by public and voluntary results of interviews with churches will be discussed later in this report.

1. Libraries

Forty-four libraries were visited of which only two were not providing services to disabled children and youth.

Table 5.2.1 shows the number and percent of libraries serving specific types of disabilities and the number and percent cooperating with other agencies in the provision of special services. The number of libraries reporting service to youngsters with "Other Physical Disabilities," (21 or 53%) is probably much lower than the actual number serving such youngsters since most, if not all, probably serve children with "non-visible" disabilities such as heart disease, and diabetes.

Table 5.2.1

Number and Percent of Libraries Providing Services and Cooperating with Other Agencies by Type of Disability (N=40)

Type of Disability	Providing Special Services		Cooperating With Other Agencies	
	No.	%	No.	%
Mental Retardation	32	80	20	50
Walking Difficulties	24	60	15	38
Other Physical Disabilities	21	53	14	35
Wheelchair Bound	18	45	11	28
Deaf	18	45	13	33
Blind	17	43	12	30

Libraries in the study population most often served mentally retarded and least often served blind children and youth. They also most often worked cooperatively with other agencies in providing services to mentally retarded youngsters.

Thirty-one libraries stated they provide services to disabled children regularly and nine reported provision of services only occassionally. In 23 libraries, special services are provided on both a segregated and integrated basis and in 18 libraries services are provided on an integrated basis only. One library reported that it served groups of handicapped youngsters on a segregated basis only.

Twelve libraries stated that they primarily served groups of disabled youngsters, compared to ten which primarily served individuals and nine which serve both individuals and groups.

Most of the libraries were accessible to the physically handicapped, but in some instances a person in a wheelchair had to enter through a delivery entrance and use a freight elevator. Only two libraries, having more than six steps at the entrance had no other access. In eleven (28%) libraries the stacks were not accessible to persons who require wheelchairs or crutches for mobility and in 31 (78%) rest rooms were not easily accessible.

Table 5.2.2 lists the major types of adapted equipment reported by the libraries.

Table 5.2.2

Types of Adapted Equipment Reported by Libraries (N=40)

Type of Activity	No. of Libraries	% of Libraries
Large Print Books	28	70
Talking Books	10	25
Records, Tapes	10	25
Overhead Projectors	9	23
Braille Books	5	13
Collection for Mentally Retarded	4	10
Collection for Deaf	1	3
None	7	18

Types of special services provided to disabled children and youth included story hours, tours of the library, movies, classes and discussion groups, visits to special schools and hospitals, bookmobile and home visits.

Four libraries reported that there was no public transportation where they are located; six stated that the nearest public transportation was located more than three blocks away; thirteen were located from one to three blocks from the nearest transportation; and 17 reported public transportation less than one block away.

2. Museums

Of thirty-three museums visited, 31 (93%) serve disabled children and youth. Of the latter group, 25 (81%) serve disabled youngsters regularly and 6 (19%) only occassionally. Of the 25 museums reporting regular service, 15 (60%) primarily serve groups, 2 (8%) primarily serve individuals, and 8 (32%) serve both individuals and groups.

Table 5.3.1 shows the number and percent of museums serving specific types of disabilities and the number and percent cooperating with other agencies in the provision of services to disabled children and youth.

Table 5.3.1

Number and Percent of Museums Providing Services and Cooperating With Other Agencies by Type of Disability (N=31)

Type of Disability	Providing Special Services		Cooperating With Other Agencies	
	No.	%	No.	%
Mental Retardation	24	77	20	65
Walking Difficulties	22	71	18	58
Other Physical Disabilities	22	71	18	58
Deaf	18	58	13	42
Wheelchair Bound	16	52	14	45
Blind	16	52	13	42

The pattern found for museums was similar to that found for libraries in that mentally retarded youngsters were most often served and children who are blind, along with those who are wheelchair bound, are least often served. Museums also most often cooperated with other agencies in the provision of services to mentally retarded children and youth.

Twenty-one (68%) museums reported that they provide services on both a segregated and integrated basis compared to 9 (29%) in which all services are integrated and one (3%) in which all services are segregated.

The major types of services offered to groups of disabled youngsters on a segregated basis were special tours, movies and slide shows, traveling kits, lectures, classes, and discussion groups. A number of museums reported special audio equipment for hearing impaired youngsters and braille signs and books and tactile exhibits for the blind. One planetarium reported use of flourescent gloves for lectures to the deaf in the darkened auditorium.

In reply to the question concerning what types of assistance they receive from the community in providing services to disabled youngsters, 23 museums reported volunteers, 18 reported money, seven reported equipment and nine reported no assistance.

Table 5.3.2 shows the number and percent of museums and areas within museums which are easily accessible to persons in wheelchairs or requiring crutches, canes and/or braces for mobility.

Table 5.3.2

Number and Percent of Museum Facilities Easily Accessible to Wheelchair Bound and Physically Handicapped (N=33)

Facility	Easily Accessible		Not Easily Accessible		Not Applicable	
	No.	%	No.	%	No.	%
Building Entrance	31	94	2	6	--	--
Exhibit Areas	25	76	8	24	--	--
Meeting Rooms	7	100	0	0	26	--
Auditorium	5	83	1	17	27	--
Rest Rooms	7	21	26	79	--	--

One planetarium visited was especially designed to be accessible to the physically handicapped and had special equipment and services available for deaf and hearing impaired and blind and visually impaired persons.

Three museums reported no public transportation available where they are located; six reported that the nearest transportation stop was more than three blocks away; seventeen were located from one to three blocks away; and seven were located less than one block from public transportation.

C. 4-H Clubs

Visits were made to 24 county extension service offices. Twenty-two of these reported involvement of disabled children and youth in their 4-H club programs. Numbers of disabled youngsters served ranged from a few to over 900.

Thirteen agents reported that all disabled children and youth involved were integrated into clubs with normal peers and nine reported that some disabled youngsters, primarily those who are retarded, in their counties were organized into special clubs and others were integrated with normal peers in regular clubs.

Table 5.4.1 lists the number and percent of 4-H Clubs serving specific types of disabilities.

Table 5.4.1

Number and Percent of 4-H Clubs Serving Specific Types of Disabilities (N=22)

Disability	Number Serving	Percent Serving	Number Not Serving	Percent Not Serving
Mentally Retarded	15	68	7	32
Other Physical Limitations	15	68	7	32
Walking Difficulties	13	59	9	41
Deaf	12	55	10	45
Blind	6	27	16	73
Wheelchair Bound	4	18	18	82

Sixteen agents reported that services to disabled children and youth, particularly those who are mentally retarded, had increased since 1965. However, special clubs for retarded youngsters were discontinued in two counties because experienced leaders left and replacements could not be found. One county which now serves 900 retarded youngsters has developed a special leaders manual which has proven to be very useful.

Nearly all of the clubs use schools or private homes as their primary meeting sites. A few reported use of church, grange or town hall meeting rooms and one reported use of a university facility.

A fairly wide range of recreation and educational activities are offered by 4-H Clubs, virtually all of which are participated in by disabled club members. Programs offered in special clubs organized for mentally retarded youngsters include most of the same activities as do regular clubs. However, some activities are, of necessity, adapted and special emphasis is placed on developing self-help and motor skills.

For the most part, disabled youngsters compete successfully with normal peers at state and county fairs, though some counties have separate competitive events for mentally retarded children and youth.

D. Churches

A total of 51 churches were visited of which 32 (63%) stated they provide some type of recreation services to disabled children and youth. The number of disabled youngsters served ranged from one to 40 and the median number served was four.

Table 5.5.1 shows the number and percent of churches serving specific types of disability.

Table 5.5.1

Number and Percent of Churches Providing Recreation Services by Type of Disability (N=32)

Type of Disability	Number Serving	Percent Serving	Number Not Serving	Percent Not Serving
Mental Retardation	21	65.6	11	34.4
Other Physical Limitations	17	53.1	15	46.9
Walking Difficulties	12	37.5	20	62.5
Deaf	8	25.0	24	75.0
Blind	4	12.5	28	87.5
Wheelchair Bound	1	3.1	31	96.9

Churches in the study most often served mentally retarded and least often served youngsters who are wheelchair bound. It is interesting to note that ¼ of them served children and youth who are deaf.

Almost all (29 or 91%) of the churches conduct their recreation services under their own auspices with only three churches conducting their programs in cooperation with other agencies.

Table 5.5.2

Activities Provided For Disabled Children By Churches
By Type of Participation (N=32)

Activity	Integrated		Segregated		Integrated and Segregated		Not Provided	
	No. of Churches	% of Churches	No. of Churches	% of Churches	No. of Churches	% of Churches	No. of Churches	% of Churches
Parties, Socials & Special Events	28	87.50	3	9.37	1	3.12	0	0.0
Quiet Games	20	62.50	3	9.37	1	3.12	8	25.00
Physical Fitness & Active Games	18	56.25	3	9.37	0	0.0	11	34.38
Discussion Groups	17	53.13	0	0.0	1	3.12	14	43.75
Music	15	46.88	2	6.25	1	3.12	14	43.75
Individual & Duo Sports	14	43.75	2	6.25	0	0.0	16	50.00
Team Sports	12	37.50	0	0.0	0	0.0	20	62.50
Arts & Crafts	12	37.50	3	9.37	0	0.0	17	53.13
Trips & Outings	10	31.25	1	3.12	0	0.0	21	65.63
Hobby & Special Interest Groups	7	21.88	1	3.12	1	3.12	23	71.88
Camping	6	18.75	0	0.0	0	0.0	26	81.25
Scouting	4	12.50	1	3.12	0	0.0	28	87.50
Dance	2	6.25	0	0.0	0	0.0	30	93.75
Drama	1	3.12	0	0.0	0	0.0	31	96.88

For the most part, disabled youngsters were integrated into ongoing recreation programs conducted for non-disabled youngsters. Only four churches reported special segregated programs designed to serve trainable and severely retarded children.

Table 5.5.2 lists the types of activities reported by respondants on an integrated, segregated or both basis. Parties, socials and special events are most frequently and drama least frequently provided. It is encouraging to note that over half of the churches offer physical fitness activities, active games and discussion groups as regular components of their recreation services.

Table 5.5.3 lists the types and accessibility of facilities provided by churches. Nearly 1/3 of the meeting rooms and over 1/3 of the multi-purpose rooms were either in the basement or on the second floor of the churches and thus not easily accessible to persons with physical disabilities.

Table 5.5.3

Types and Accessibility* of Facilities Provided by Churches (N=32)

Type of Facility	Accessible No.	Accessible %	Not Accessible No.	Not Accessible %	Not Provided No.	Not Provided %
Meeting Rooms	19	59.38	10	31.25	3	9.38
Multi-purpose Room	16	50.00	12	37.50	4	12.50
Gymnasium	3	9.38	5	15.63	24	75.00
Playground	5	15.63	0	0.0	27	84.38
Outdoor Area	5	15.63	0	0.0	27	84.38
Community Center	2	6.25	0	0.0	30	93.75
Kitchen	2	6.25	3	9.38	27	84.38

* Accessible to physically handicapped.

Twenty-six (81%) of the churches are situated within two blocks of the nearest public transportation, four (13%) are situated three or more blocks away, and there is no public transportation available for two (6%) churches.

Most churches reported little or no assistance from the community in conducting recreation services for disabled children and youth. Table 5.5.4 lists the types of services reported.

Only four churches reported they publicize their recreation services and three stated they actively recruit for disabled youngsters to take advanta tage of their services.

Table 5.5.4

Types of Assistance Received by Churches
From Community Agencies (N=32)

Type of Assistance	Yes		No	
	Number	Percent	Number	Percent
Volunteers	8	25.00	24	75.00
Money	4	12.50	28	87.50
Consultation	2	6.25	30	93.75
Special Events	2	6.25	30	93.75
Professional Services	1	3.12	31	96.88
Use of Facilities	1	3.12	31	96.88

E. Community and Youth Serving Agencies

Agencies in this category included YM-YWCA's, YM-YWHA's, settlement houses, Boys Clubs, Boy Scouts, Girl Scouts, Campfire Girls, fraternal organizations and similar private, voluntary agencies and organizations.

Boy Scouts of America, Girl Scouts of America and Campfire Girls could not provide us with accurate data on the numbers of disabled children and youth they serve. However, all three of these organizations have large numbers of troops and councils which serve disabled youngsters on both a segregated and an integrated basis. The B.S.A. and G.S.A. have both prepared special manuals and other written materials for troop leaders who are working with mentally retarded youngsters. Interviews with national and regional headquarters staff members of these organizations revealed that most disabled youngsters follow the usual routine and activities of the organizations, though some adaptations are made for those children and youth who are severely mentally or physically disabled.

Several fraternal organizations such as Kiwanis, Lions Clubs and Rotary Clubs provide services. The types of services reported by these organizations are: financial contributions and provision of volunteers to other agencies and organizations serving disabled youngsters; provision of "camperships" to disabled children and youth; and, in four instances, operation of summer day and/or residential camps for disabled children and youth.

The data reported below does not include the Boy Scouts of America, Girl Scouts of America, Campfire Girls or fraternal organizations.

Visits were made to 68 community and youth serving agencies. Fifty-five (81%) of these agencies reported provision of recreation services to disabled children and youth. However, five of the latter agencies provide summer residential camp experiences only and are not included in the data reported below.

Table 5.6.1 reports the estimated number of disabled children and youth served by 50 agencies.

Table 5.6.1

Estimated Number of Disabled Children Served By Community and Youth Serving Agencies (N=50)

Number of Children Served	Number of Agencies Serving	Percent of Agencies Serving
3-10	5	10.00
11-20	12	24.00
21-30	3	6.00
31-40	7	14.00
41-50	4	8.00
51-60	5	10.00
61-80	5	10.00
81-100	3	6.00
101-125	2	4.00
190	1	2.00
225	1	2.00
350	1	2.00
600	1	2.00
Total	50	100.00

Range - 3 to 600
Median number served - 38

Table 5.6.2 reports the estimated number of disabled served by type of disability. Nearly all of the agencies serve mentally retarded youngsters, but those who are blind or wheelchair bound are served by only somewhat over 1/3 of the agencies.

Table 5.6.2

Estimated Number of Disabled Served by Community and Youth Serving Agencies by Type of Disability (N=50)

Type of Disability	Range of No. Served	Agencies Serving		Median No. Served
		No.	%	
Mental Retardation	2-600	48	96.00	20
Other Physical Limitations	1-150	44	88.00	5
Walking Difficulty	1-50	31	62.00	4
Deaf	1-20	26	52.00	2
Blind	1-25	19	38.00	2
Wheelchair Bound	1-32	19	38.00	2

Types and accessibility of facilities provided by community and youth serving agencies are listed in Table 5.6.3. Although a wide variety of facilities are provided by most agencies, many of them are not easily accessible to physically handicapped youngsters. Ninety percent of the gyms and exercise rooms, 56% of the game rooms, 52% of the swimming pools, 43% of the libraries and reading rooms and 42% of the multi-purpose rooms are located in the basements or upper stories of buildings without elevators. It should be noted that most of the newer facilities visited were either one story buildings or multi-storied buildings with elevators.

Table 5.6.3

Types and Accessibility* of Facilities Provided by Community and Youth Serving Agencies (N=50)

Facility	Accessible No. of	Accessible % of	Not Easily Accessible No. of	Not Easily Accessible % of	Not Provided No. of	Not Provided % of
Outdoor Play Areas	35	70.00	0	0.00	15	30.00
Craft, Meeting Room, etc.	34	68.00	13	26.00	3	6.00
Multi-Purpose Room	33	66.00	14	28.00	3	6.00
Game Room	25	50.00	14	28.00	11	22.00
Day Camp	22	44.00	0	0.00	28	56.00
Swimming Pool	21	42.00	11	22.00	18	36.00
Gym or Exercise Room	20	40.00	18	36.00	12	24.00
Library or Reading Room	14	28.00	6	12.00	30	60.00
Kitchen	13	26.00	1	2.00	36	72.00
Resident Camp	13	26.00	4	8.00	33	66.00
Bowling Alleys	10	20.00	2	4.00	38	76.00
Auditorium	5	10.00	2	4.00	43	86.00
Dark Room	4	8.00	0	0.00	46	92.00

* Accessible to Physically Handicapped

Table 5.6.4 lists the types of activities offered by agencies by type of participation. Most agencies conduct their activities for disabled youngsters on an integrated or combination of integrated and segregated basis. Relatively few conduct their activity programs on a segregated basis only. All of the respondants reported provision of dances, parties and socials and nearly all also provide physical fitness activities and active games, quiet games, individual and duo sports, hobbies and interest clubs and arts and crafts activities.

Information was obtained during interviews concerning what types of community resources agencies used on a regular basis in the conduct of their recreation services for disabled children and youth. Nine (18%) of the agencies use no community resources. Table 5.6.5 lists the resources reported by 41 agencies.

Ten of the 41 agencies reported utilization of six or more different types of resources and ten reported utilization of four or five different types of resources. Thirteen agencies reported utilization of outdoor areas and one or two other types of resources, six reported utilization of outdoor areas only

Table 5.6.4

Activities Provided For Disabled Children By Community And Youth Serving Agencies By Type Of Participation (N=50)

Activity	Integrated		Segregated		Integrated and Segregated		Not Provided	
	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies
Dances, Parties and Socials	28	56.00	7	14.00	15	30.00	0	0.00
Individual & Duo Sports	28	56.00	5	10.00	12	24.00	5	10.00
Hobbies & Interest Clubs	27	54.00	6	12.00	11	22.00	6	12.00
Game Room and Quiet Activities	26	52.00	7	14.00	12	24.00	5	10.00
Physical Fitness & Active Games	26	52.00	7	14.00	14	28.00	3	6.00
Arts & Crafts	26	52.00	5	10.00	12	24.00	7	14.00
Team Sports	24	48.00	3	6.00	10	20.00	13	26.00
Summer Day Camp	19	38.00	4	8.00	4	8.00	23	46.00
Music	18	36.00	1	2.00	8	16.00	23	46.00
Swimming	12	24.00	5	10.00	19	38.00	14	28.00
Dance	7	14.00	1	2.00	6	12.00	36	72.00
Drama	7	14.00	1	2.00	4	8.00	38	76.00
Resident Camp	7	14.00	3	6.00	4	8.00	36	72.00
Trips	5	10.00	5	10.00	10	20.00	30	60.00

and two reported use of swimming pools only.

Table 5.6.5

Types of Community Resources Regularly Used By Community And Youth Serving Agencies (N=41)

Type of Resource	Agencies Using No.	Agencies Using %	Agencies Not Using No.	Agencies Not Using %
Outdoor Areas, inc. Parks, Playgrounds & Athletic Fields	26	63.41	15	36.59
Spectator Events, inc. Movies Concerts, Sports, Ballet, etc.	14	34.15	27	65.85
School Facilities, inc. Playgrounds and Gymnasiums	13	31.71	28	68.29
Restaurants	13	31.71	28	68.29
Bowling Alleys	12	29.27	29	70.73
Swimming Pools	10	24.39	31	75.61
Churches & Synagogues	10	24.39	31	75.61
Fire Stations, Stores, Factories Museums, etc. for Educational Trips	10	24.39	31	75.61
Zoos & Botanical Gardens	5	12.20	36	87.80
Skating Rinks	3	7.32	38	92.68
Resident or Day Camp Sites	3	7.32	38	92.68

Forty percent of the agencies reported they conduct their special programs under both their own and under joint auspices with other agencies. Thirty-four percent operate only under their own auspices and 26% operate only under joint auspices with other agencies.

In response to the question concerning provision of transportation, 68% of the agencies stated that transportation is provided to and from programs for participants. Table 5.6.6 shows the breakdown of responses by type of transportation provided.

Table 5.6.6

Type of Transportation Provided For Participants By Community And Youth Serving Agencies

Type of Transportation	Agencies Reporting No.	Agencies Reporting %
Own or Rented Vehicles	23	46.00
Volunteers, Staff or Parents Autos	7	14.00
Vehicles Operated by Health Agency	2	4.00
Own Vehicles & Volunteers, Staff & Parents Autos	2	4.00
No Transportation Provided	16	32.00
TOTAL	50	100.00

Table 5.6.7 lists the types of assistance received by community and youth serving agencies specifically for their recreation programs and services provided to disabled children and youth.

Table 5.6.7

Types of Community Assistance Received By Community And Youth Serving Agencies

Types of Assistance	Agencies Receiving No.	%	Agencies Not Receiving No.	%
Financial	29	58.00	21	42.00
Volunteers	22	44.00	28	56.00
Consultation	11	22.00	39	78,00
Special Events	10	22.00	40	80.00
Transportation	6	12.00	44	88.00
Camperships	6	12.00	44	88.00
Use of Facilities	5	10.00	45	90.00
Equipment	4	8.00	46	92.00
Prepaid Memberships	4	8.00	46	92.00

Financial contributions and provision of volunteers were the types of assistance most frequently reported and contributions or loan of equipment and prepaid memberships were the least frequently reported.

Twenty-two (44%) of the agencies reported they publicize their recreation services for disabled children and youth and only 12 (24%) agencies stated they actively recruit disabled youngsters to attend their programs.

F. Public Recreation Agencies

A total of 53 public recreation agencies were visited of which 50 (94%) stated they provide some type of recreation service to disabled children and youth. The three agencies which do not provide such services were small towns with part-time programs.

The majority of these agencies could not provide information on the estimated number of disabled youngsters served since their attendance records reflect only estimates of the total number of persons served.

Information was obtained concerning types of disabilities served in relation to whether agencies place disabled youngsters into special segregated programs or into ongoing programs with normal peers or provide both types of services. Table 5.7.1 summarizes the information received.

All but one of the agencies visited serve mentally retarded youngsters, 90% serve those who are physically handicapped, 62% serve deaf youngsters and only 48% serve children and youth who are blind. The majority of agencies serve disabled youngsters on an integrated or combination of integrated and segregated bases.

Table 5.7.1

Basis of Services Provided by Public Recreation Agencies by Type of Disability (N=50)

Type of Disability	Type of Service							
	Integrated Only		Segregated Only		Integ. And Seg.		Do Not Serve	
	No.	%	No.	%	No.	%	No.	%
Mental Retardation	18	36.00	9	18.00	22	44.00	1	2.00
Physically Handicapped	22	44.00	8	16.00	15	30.00	5	10.00
Deaf	25	50.00	4	8.00	2	4.00	19	38.00
Blind	14	28.00	5	10.00	5	10.00	26	52.00

Table 5.7.2 lists the types of activities provided by public recreation agencies for disabled children and youth and shows the extent to which the activities are provided on a segregated, integrated or both basis.

Physical fitness activities and active games are provided by all and individual and duo sports, swimming, and arts and crafts by a large proportion of the agencies. However, few agencies provide music, dance or dramatic activities or hobby and interest clubs.

Analysis of responses to questions regarding the activity programs for known disabled youngsters revealed that 39 (78%) of the agencies conduct at least some activities on a segregated basis and nine of these agencies conduct all activities on a segregated basis. Nineteen (48%) of these 39 agencies offer a fairly wide range of activities including a variety of physical activities, arts and crafts, trips, table and active games, and parties, dances and special events. Only eight agencies also included hobbies and discussion groups, five included dramatic activities, four included music and two included dance in their activity programs. Seven agencies reported a single activity provided (four, swimming; two, bowling; and one arts and crafts), five agencies each reported two and three different activities, and three agencies reported four activities. Of the nine agencies reporting services to disabled youngsters on a segregated-only basis, seven operate these programs in the summer only.

Twenty-one (42%) of the agencies visited conduct all recreation services for disabled youngsters under their own auspices, 25 (50%) conduct some services under their own and some under joint auspices with health or other agencies in the community and four (8%) conduct all services they provide under joint auspices with other community agencies.

Table 5.7.3 lists the facilities provided by public recreation agencies. Most all of the outdoor facilities are accessible to the physically disabled. However, many rooms and facilities in recreation centers and school buildings owned or used by the agencies are not easily accessible since they are situated in basements or upper floors of buildings without elevators or ramps.

Table 5.7.2

Activities Provided For Disabled Children By
Public Recreation Agencies By Type Of Participation (N=50)

Activity	Integrated		Segregated		Integrated And Segregated		Not Provided	
	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies
Physical Fitness & Active Games	34	68.00	2	4.00	14	28.00	0	0.0
Individual & Duo Sports	20	40.00	8	16.00	14	28.00	8	16.00
Special Events Including: Theatre, Concerts, Trips	19	38.00	2	4.00	15	30.00	14	28.00
Arts & Crafts	17	34.00	7	14.00	17	34.00	9	18.00
Team Sports	16	32.00	4	8.00	14	28.00	16	32.00
Swimming	13	26.00	9	18.00	21	42.00	7	14.00
Gameroom Activity	10	20.00	3	6.00	14	28.00	23	46.00
Dances, Parties & Socials	9	18.00	6	12.00	16	32.00	19	38.00
Summer Day Camp	7	14.00	9	18.00	8	16.00	26	52.00
Music	5	10.00	2	4.00	3	6.00	40	80.00
Hobbies & Interest Clubs	4	8.00	3	6.00	5	10.00	38	76.00
Dance	2	4.00	1	2.00	2	4.00	45	90.00
Drama	2	4.00	2	4.00	3	6.00	43	86.00

Table 5.7.3

Facilities Provided By Public Recreation Agencies (N=50)

Facility	Provided		Not Provided	
	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies
Park & Athletic Facilities	50	100.00	0	0.0
Recreation Buildings	45	90.00	5	10.00
School Buildings	42	84.00	8	16.00
Outdoor Pools & Beaches	41	82.00	9	18.00
Picnic Areas	41	82.00	9	18.00
School Yards & Athletic Fields	40	80.00	10	20.00
Day Camping	24	48.00	26	52.00
Indoor Pools	22	44.00	28	56.00
Stadia	18	36.00	32	64.00
Ice Rinks	15	30.00	35	70.00
Zoos	14	28.00	36	72.00
Museums	13	26.00	37	74.00
Music & Band Shells	13	26.00	37	74.00
Boating Centers	11	22.00	39	78.00
Golf Courses	10	20.00	40	80.00
Botanical Gardens	10	20.00	40	80.00
Outdoor Theatre	10	20.00	40	80.00
Aquatia	3	6.00	47	94.00
Dance Pavillions	2	4.00	48	96.00

Analysis of responses to questions concerning what type of facility or equipment modifications agencies have made to improve accessibility revealed that little has been done. Table 5.7.4 summarizes the information obtained.

Table 5.7.4.

Types of Modifications of Facilities Made by Public Recreation Agencies to Improve Accessibility (N=50)

Type of Facility	Ramps		Special Toilet Facilities		Hand Rails		Non-skid Surfacing		Braille Signs	
	No.	%	No.	%	No.	%	No.	%	No.	%
Recreation Bldg.	9	18.00	3	6.00	6	12.00	2	4.00	0	0.0
Parks	3	6.00	1	2.00	1	2.00	1	2.00	1	2.00
Swimming Pools	3	6.00	1	2.00	1	2.00	3	6.00	0	0.0
Gardens	0	0.0	0	0.0	0	0.0	0	0.0	3	6.00
All Facilities	1	2.00	0	0.0	1	2.00	0	0.0	0	0.0
No Facilities Modified	34	68.00	45	90.00	41	82.00	44	88.00	46	92.00

Table 5.7.5 lists the kinds of assistance which public recreation agencies reported receiving from community agencies and organizations specifically for their special programs for disabled children and youth.

Table 5.7.5

Types of Community Assistance Received by Public Recreation Agencies (N=50)

Type of Assistance	Agencies Receiving		Agencies Not Receiving	
	No.	%	No.	%
Volunteers	23	46.00	27	54.00
Financial	16	32.00	34	68.00
Supplies and Equipment	8	16.00	42	84.00
Transportation	6	12.00	44	88.00
Use of Facilities	6	12.00	44	88.00
Consultation	5	10.00	45	90.00
Special Events	3	6.00	47	94.00
Publicity	3	6.00	47	94.00

Thirty-six (72%) agencies stated they publicize their services for disabled youngsters and 20 (40%) actively recruit for disabled children and youth to participate in their special programs.

G. Health Agencies

Health agencies visited included those serving cerebral palsied, mentally retarded, hearing impaired, orthopedically impaired or disabled, visually impaired, neurologically impaired and diabetic children and youth. They included local chapters of national organizations, sheltered workshops, outpatient rehabilitation centers, diagnostic, referral and/or treatment centers, day activity centers, and residential camps for disabled youngsters.

A total of 54 agencies were visited of which 47 (87%) provided recreation services. Six of these 47 agencies provided summer residential camp programs only and are not included in the data discussed below.

Table 5.8.1 shows the number and percent of agencies serving specific disabilities and handicaps. Nearly all agencies served more than one type of disability and most served multiply disabled youngsters.

Estimated numbers of disabled children and youth served in recreation programs ranged from 8 to 950 and the median number served is 99. Table 5.8.2 presents the breakdown of the information received from respondants.

Table 5.8.1

Number and Percent of Health Agencies Providing Recreation Services by Type of Disability (N=41)

Type of Disability	Serving		Not Serving	
	No.	%	No.	%
Mental Retardation	40	97.56	1	2.44
Misc. Physical Limitations	37	90.24	4	9.76
Cerebral Palsied	36	87.80	5	12.20
Orthopedic	36	87.80	5	12.20
Visually Impaired	32	78.05	9	21.95
Hearing Impaired	28	68.29	13	31.71
Wheelchair Bound	28	68.29	13	31.71

Table 5.8.2

Estimated Number of Disabled Children and Youth Served in Recreation Programs by Health Agencies (N=41)

Estimated Number Served	Number of Agencies Serving	Percent of Agencies Serving
8-20	5	12.20
21-30	2	4.89
31-40	0	0.0
41-50	3	7.32
51-60	2	4.89
61-80	3	7.32
81-100	6	14.63
101-150	5	12.20
151-200	6	14.63
201-300	2	4.89
301-400	3	7.32
568	1	2.44
950	1	2.44

Range 8-950
Median number served 99

Table 5.8.3 lists the types of facilities utilized for recreation programs and shows whether these facilities exist within the agency or are loaned by or rented from other agencies. Nearly all of the facilities used are easily accessible to physically handicapped youngsters. In a few instances facilities used by agencies serving mentally retarded youngsters are on a second floor in buildings without elevators.

Table 5.8.3

Types of Facilities Provided by Health Agencies (N=41)

Facility	Provided on own Premises		Loaned by or Rented From Other Agencies		Not Provided	
	No.	%	No.	%	No.	%
Multi-purpose Room	21	51.22	8	19.51	12	29.27
Exercise Room, Gymnasium	0	0.0	7	17.07	34	82.93
Auditorium	3	7.32	5	12,19	33	80.49
Crafts, Game, Class Rooms	17	41.46	9	21.95	15	36.59
Outdoor Playfield	16	39.02	24	58.54	1	2.44
Swimming Pool	10	24.39	16	39.02	15	36.59
Bowling Alleys	5	12.19	3	7.32	33	80.49
Kitchen	17	41.46	11	26.83	13	31.71
Day Camp	9	21.95	11	26.83	21	51.22
Resident Camp	3	7.32	7	17.07	31	75.61

Table 5.8.4 lists the types of activities provided by health agencies in their recreation programs. Four agencies reported they invite non-disabled youngsters to participate in one or more activities.

The various activities provided fall into nine broad categories: Individual and Duo Sports, Team Sports, Physical Activities (i.e. games of low organization, roller skating, physical fitness activities), Social Recreation (i.e. parties, table games, special events), Arts & Crafts, Hobbies, Trips and Outings, and Scouting. Only two agencies provide all nine types of experiences, four provide eight, two provide seven and three agencies provide six of the nine types of experiences. These eleven agencies (27%) could be considered to have well rounded programs.

Eight agencies offer activities in five of the categories but only two of these programs are fairly well balanced. In four agencies, programs emphasize physical activities, and individual, duo and team sports with social recreation and outings as the only other activities offered and in two other programs, bowling is the only type of physical activity provided.

Table 5.8.4

Activities Provided by Health Organizations
By Type of Participation (N=41)

Activity	Integrated		Segregated		Integrated and Segregated		Not Provided	
	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies	No. of Agencies	% of Agencies
Dances, Socials, Parties, Special Events	3	7.32	31	75.61	4	9.76	3	7.32
Trips & Outings	2	4.88	28	68.29	1	2.44	10	24.39
Physical Fitness & Active Games	2	4.88	27	65.85	1	2.44	11	26.83
Arts & Crafts	1	2.44	25	60.98	2	4.88	14	34.14
Swimming	1	2.44	24	58.54	1	2.44	15	36.58
Individual & Duo Sports	1	2.44	24	58.54	1	2.44	15	36.58
Summer Day Camps	1	2.44	19	46.34	0	0.0	21	51.22
Hobbies & Interest Groups	3	7.32	14	34.14	1	2.44	23	56.10
Music	1	2.44	13	31.71	0	0.0	27	65.85
Team Sports	1	2.44	10	24.39	1	2.44	29	70.73
Pre-school	0	0.0	9	21.95	1	2.44	31	75.61
Residence Camp	0	0.0	9	21.95	1	2.44	31	75.61
Dance & Rhythms	1	2.44	6	14.63	0	0.0	34	82.93
Homebound	0	0.0	4	9.76	0	0.0	35	90.24
Scouting	0	0.0	4	9.76	0	0.0	37	90.24
Drama	1	2.44	3	7.32	0	0.0	37	90.24

Of the remaining 24 agencies, eight provide four of the nine types of activities, eight provide three, two agencies offer only two types of activities and two provide a social recreation program only. Two of the respondants operate a summer day camp with an annual Christmas party being the only other activity.

In response to the question concerning how frequently recreation programs are offered, twelve (29%) stated that programs are conducted four to five days per week for three or more hours per day. Four agencies provide recreation activities four to five days per week but only for one hour or less per day. Seven agencies reported provision of services two or three days per week and eight operate one day a week. Of the remaining ten agencies, four conduct programs twice a month, two operate once a month and four offer recreation programs less than once a month.

Table 5.8.5 lists the types of community resources health agencies reported using on a regular basis. Two agencies reported using none and three utilize only picnic facilities once a year. These agencies were not included in the tabulation.

Table 5.8.5

Types of Community Resources Regularly Used by Health Agencies (N=41)

Type of Resource	Agencies Using No.	Agencies Using %	Agencies Not Using No.	Agencies Not Using %
Outdoor areas, inc. parks, playgrounds & beaches	32	78.05	9	21.95
Spectator Events, inc. movies, concerts, sports, circus	23	56.10	18	43.90
Swimming Pools	20	48.78	21	51.22
Sports Facilities, inc. gyms athletic fields, skating rinks	19	46.34	22	53.66
Bowling Alleys	19	46.34	22	53.66
Restaurants	14	34.15	27	65.85
Museums, stores, factories, fire stations, etc., for Educational Trips	14	34.15	27	65.85
Day Camp	11	26.83	30	73.17
Schools and Churces for program Headquarters	6	14.63	35	85.37
Public Recreation Centers	4	9.76	37	90.24

Ten agencies reported utilization of six or more types of resources and 16 agencies use four or five different resources on a regular basis. The remaining ten use only two or three types of resources.

Twenty-three (56%) respondants reported they conduct their recreation services entirely under their own auspices. Ten (24%) conduct some services under their own and some under joint auspices with other agencies and eight (20%) conduct all services under joint auspices with other agencies.

Table 5.8.6 lists the types of community assistance which health agencies receive in relation to provision of recreation services.

Table 5.8.6

Types of Community Assistance Received by Health Agencies (N=41)

Types of Assistance	Agencies Receiving		Agencies Not Receiving	
	No.	%	No.	%
Financial	21	78.05	9	21.95
Volunteers	23	56.10	18	43.90
Consultation	14	34.15	27	65.85
Equipment (loaned or donated)	13	31.71	28	68.29
Special Events	13	31.71	28	68.29
Use of Facilities	12	29.27	29	70.73
Camperships	8	19.51	33	80.49
Transportation	6	14.63	35	85.37
Supplies	6	14.63	35	85.37

Financial and volunteer assistance were most frequently reported and provision of supplies, transportation and camperships least often reported.

In response to the question concerning provision of transportation, 81% of the Health Agencies stated that transportation is provided for participants to and from programs. Table 5.8.7 shows the breakdown of responses by type of transportation provided.

Table 5.8.7

Type of Transportation Provided for Participants by Health Agencies (N=41)

Type of Transportation	Agencies Reporting	
	No.	%
Own or Rented Vehicles	13	31.71
Volunteers, Staff or Parents Autos	12	29.27
Own Vehicles plus volunteers, staff & parents autos	8	19.51
No Transportation Provided	8	19.51

Thirty-six (88%) of the Health agencies reported they publicize their recreation services and 31 (76%) stated they actively recruit for participants.

H. Hospitals and Residential Schools

A total of 51 hospitals and residential schools were visited. All of these institutions provided some type of recreation service to residents.

Estimated number of children served on a monthly basis ranges from 12 to 2,340. Table 5.9.1 shows the breakdown of information received.

Table 5.9.1

Number of Disabled Children Served by Hospitals And Residential Schools (N=51)

Number Children Served	Number Agencies Serving	Percent Agencies Serving
12-20	8	15.69
21-40	9	17.65
41-60	8	15.69
61-80	3	5.88
81-100	6	11.76
101-150	7	13.73
151-200	2	3.92
234	1	1.96
250	1	1.96
617	1	1.96
640	1	1.96
940	1	1.96
1800	3	5.88
2340	1	1.96

Range - 12 to 2340
Median number served - 63
Range, General Hospitals - 12 to 234; median number served - 45
Range, Residential Schools & Long Term Hospitals - 20 to 2,340; median number served - 102

Analysis of replies to the question concerning the administrative structure of recreation services revealed that in only 13 (25%) institutions is there an independent recreation department with a full-time director. Table 5.9.2 shows the breakdown of responses.

Twenty-three of the institutions visited were general hospitals serving primarily short term patients and 28 were residential schools or treatment centers serving youngsters who are hospitalized three months or longer. Analysis of data obtained concerning facilities, activities and use of community resources revealed that there are considerable differences between responses from general hospitals and those from residential schools and long-term treatment centers. Consequently data on these items are presented separately below.

Table 5.9.2

Department Responsible for Planning and Conducting Recreation Services in Hospitals and Residential Schools

Department Responsible	Institutions Reporting No.	%
Separate Recreation Department	13	25.49
Nursing Department	11	21.57
Volunteer Department	7	13.73
Physical and/or Health Education	6	11.77
Activity Therapy Department	5	9.80
Rehabilitation or Pediatrics	4	7.84
Administrator	3	5.88
Social Services	2	3.92
Total	51	100.00

Tables 5.9.3 and 5.9.4 list the types of facilities provided for recreation services by general hospitals and by residential schools and long-term treatment centers respectively.

Table 5.9.3

Facilities Provided for Recreation by General Hospitals (N=23)

Facility	Number Providing	Percent Providing	Number Not Providing	Percent Not Providing
Ward Areas	23	100.00	0	0.0
Multi-purpose Rooms, Gymnasiums & Exercise Rooms	15	65.22	8	34.78
Dayrooms, Solaria	11	47.83	12	52.17
Playgrounds, Athletic Fields	4	17.39	19	82.61
Craft, Game & Class Rooms	3	13.04	20	86.96
Sun Porch, Roof Play Areas, Patio	3	13.04	20	86.96
Swimming Pool (Indoor)	2	8.70	21	91.30
Auditorium	2	8.70	21	91.30
Reading Room, Library	1	4.35	22	95.65
Game Room	1	4.35	22	95.65
Kitchen	1	4.35	22	95.65

Table 5.9.4

Facilities Provided for Recreation by Residential Schools And Long Term Treatment Centers (N=28)

Facility	Number Providing	Percent Providing	Number Not Providing	Percent Not Providing
Multi-purpose Rooms	24	85.71	4	14.29
Playgrounds, Athletic Fields	24	85.71	4	14.29
Coffee Shop or Cafeteria	19	67.86	9	32.13
Craft, Game & Class Rooms	16	57.14	12	42.86
Dayrooms, Solaria	14	50.00	14	50.00
Auditorium	14	50.00	14	50.00
Game Room	14	50.00	14	50.00
Gymnasium & Exercise Rooms	13	46.43	15	53.57
Swimming Pool (Indoor)	12	42.86	16	57.14
Ward Areas	11	39.29	17	60.71
Kitchen	7	25.00	21	75.00
Reading Room, Library	6	21.43	22	78.57
Day Camps	5	17.86	23	82.14
Overnight Camp	5	17.86	23	82.14
Bowling Alleys	4	14.29	24	85.71
Sun Porch, Roof Play Areas, Patio	4	14.29	24	85.71
Outdoor Pool, Lake	2	7.14	26	92.86
Resident Camps	2	7.14	26	92.86
Ice Rinks	1	3.57	27	96.43

All of the general hospitals utilize ward areas for recreation activities, 65% have a multipurpose room and 48% day rooms and solaria which are used for recreation activities. Very few, from one to four, have any other recreation areas or facilities. Residential schools and long-term treatment centers have a greater variety of facilities, but a number only provide a multipurpose room and outdoor play area.

Table 5.9.5 and 5.9.6 present information on the types of recreation activities provided by the different types of institutions. All general hospitals offer some playroom and bedside activities and most offer arts and crafts and parties and special events. About half of them show movies and conduct some music activities and 35% offer physical fitness activities and active games. Few of these hospitals provide other types of activities. Most of the residential schools and long-term treatment centers offer a fairly wide variety of activities. Scouting, dance and dramatic activities were least frequently reported.

Table 5.9.5

Activities Provided by General Hospitals by Type of Participation (N=23)

Activity	Provided		Not Provided	
	No. of Hospitals	% of Hospitals	No. of Hospitals	% of Hospitals
Playroom Activities & Quiet Games	23	100.00	0	0.0
Bedside Activities	23	100.00	0	0.0
Parties, Special Events	20	86.96	3	13.04
Arts & Crafts	18	78.26	5	21.74
Movies	11	47.83	12	52.18
Music	10	43.48	13	56.52
Physical Fitness & Active Games	8	34.78	15	65.22
Drama	5	21.74	18	78.26
Hobbies & Special Interest Groups	5	21.74	18	78.26
Trips & Outings	5	21.74	18	78.26
Outdoor & Nature Activities	5	21.74	18	78.26
Individual & Duo Sports	5	21.74	18	78.26
Team Sports	4	17.39	19	82.61
Swimming	3	13.04	20	86.96
Dance	1	4.35	22	95.66
Scouting	0	0.0	23	100.00
Camping	0	0.0	23	100.00

Table 5.9.6

Activities Provided by Residential Schools and Long-term Treatment Centers by Type of Participation (N=28)

Activity	Provided		Not Provided	
	No. of Hospitals	% of Hospitals	No. of Hospitals	% of Hospitals
Playroom Activities & Quiet Games	28	100.00	0	0.0
Dances, Parties, Special Events	28	100.00	0	0.0
Physical Fitness & Active Games	25	89.29	3	10.71
Arts & Crafts	25	89.29	3	10.71
Movies	24	85.71	4	14.29
Hobbies & Special Interest Groups	24	85.71	4	14.29
Individual & Duo Sports	24	85.71	4	14.29
Team Sports	23	82.14	5	17.86
Trips & Outings	23	82.14	5	17.86
Music	21	75.00	7	25.00
Swimming	19	67.86	9	32.14
Bedside Activities	18	64.29	10	35.71
Outdoor & Nature Activities	16	57.14	12	42.86
Camping	11	39.29	17	60.71
Dance	8	28.57	20	71.43
Scouting	7	25.00	21	75.00
Drama	6	21.43	22	78.57

Only five of the 23 general hospitals utilize community resources for some recreation experiences. Four of these hospitals use parks or other outdoor areas; two each use bowling alleys, museums and zoos, and various resources for educational trips; one uses a community swimming pool and one takes their youngsters to sports events.

In contrast, 23 of the 28 residential schools and long-term treatment centers utilize community resources as an integral part of their recreation services. Table 5.9.7 lists the types of resources reported.

Table 5.9.7

Types of Community Resources Used by Residential Schools and Long-term Treatment Centers (N=23)

Type of Resource	Institutions Using		Institutions Not Using	
	No.	%	No.	%
Spectator Events, inc. movies, concerts, sports events	23	100.00	0	0.0
Outdoor Areas, inc. parks, playgrounds, zoos	23	100.00	0	0.0
Bowling Alleys	19	82.61	4	17.39
Restaurants	18	78.26	5	21.74
Museums, stores, historical sites, factories, etc. for Educational Trips	17	73.91	6	26.09
Swimming Pools	10	43.48	13	56.52
Sports Facilities, inc. athletic fields, skating rinks	9	39.13	14	60.87

One institution uses all eight types of resources, seven reported use of six to seven types, eight utilize four to five types, five reported two to three types, and two institutions use only one type of resource.

All hospital and residential schools and treatment centers were evaluated against the comprehensive standards developed during the first year of the study. Table 5.9.8 summarizes the mean percentage scores achieved in the six categories and total score for all institutions by region.

Table 5.9.8

Mean Percentage Scores Achieved on Evaluation Ratings for All Residential Institutions by Region

Region	Philosophy and Goals	Administration	Personnel	Program	Facilities and Equipment	Evaluation and Research	Total Score
I	38.88	68.34	75.82	77.37	78.18	44.44	63.84
II	56.30	91.89	83.27	81.93	81.76	65.24	76.69
III	64.70	92.60	86.73	78.60	95.37	69.42	81.24
IV	30.94	78.52	78.26	74.59	83.77	68.02	69.02
V	44.80	78.71	83.93	77.92	86.67	56.77	71.47
VI	35.21	57.80	68.91	61.46	60.26	23.77	51.24
VII	39.73	60.80	68.11	65.12	64.41	32.70	55.15
VIII	43.14	78.69	79.93	78.75	87.48	73.45	73.57
IX	45.67	71.63	68.27	72.68	79.15	43.99	63.57
X	68.99	79.13	80.12	76.54	79.42	63.70	74.65
Mean of all Agencies	46.84	75.81	77.34	74.50	79.65	54.15	68.04

Fourteen of the general hospitals and ten of the long-term treatment centers had no written statement of philosophy and goals. Also, most of the general hospitals had no evaluation procedures and little or no involvement in research. Rehabilitation centers tended to score lower on standards relating to philosophy and goals and evaluation and research than did residential schools.

Institutions located in the Birmingham and Dallas regions (VI and VII) had the lowest ratings and those located in the Indianapolis and Buffalo regions (III and II) had the highest ratings.

I. Public and Private Schools

A total of 96 public and parochial school districts and private day schools for disabled children were visited. Of these, 92 (96%) provide recreative experiences as classroom and/or extracurricular activities.

Fifty-six of those visited are regular public or parochial school districts, 29 are special education school districts and 7 are private day schools for disabled children. The median number of schools reported in the regular school districts was 10 with a range from 1 to 174; the median number of schools reported in the special school districts was 19 with a range from 1 to 267.

Evaluation of data from responses to questions concerning the estimated number of disabled children and youth served by public and private day schools reveals that records are kept only for numbers of children registered in special classes for physically handicapped, mentally retarded, and visually or hearing impaired. Thus, the figures in table 5.10.1 do not include the thousands of youngsters with mild to moderate disabilities or chronic disorders who are integrated into regular classes and extra curricular activities.

Table 5.10.1

Estimated Number of Disabled and Non-disabled Children and Youth Involved in Recreation Activities by Public and Private Day Schools

Type of School	Estimated Number Disabled Served		Estimated Number Non-disabled Served	
	Range	Median No.	Range	Median No.
Public & Parochial Regular School Districts (N=56)	5-3,495	69	230-71,155	4,215
Public & Parochial Special School Districts (N=29)	11-1,244	185	12-86,000	4,250
Private Day Schools (N=7)	30-240	109		

Analysis of the data above indicates that in those cities and counties where special school districts are established a larger proportion of disabled children and youth are served.

Information was obtained concerning types of recreation activities provided during the regular school day and those provided as extra curricular activities. Tables 5.10.2 through 5.10.5 list the types of recreation activities offered during the school day and those offered extra-curricularly by regular school districts and by special school districts and private day schools on a segregated, integrated or both basis.

Table 5.10.2

Classroom Activities of a Recreational Nature Provided for Disabled Children by Regular Schools by Type of Participation (N=56)

Activity	Integrated Only		Segregated Only		Integrated and Segregated		Not Provided	
	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools
Team Sports	29	51.79	2	3.57	16	28.57	9	16.07
Physical Education	19	33.92	7	12.50	15	26.79	15	26.79
Active Games	30	53.57	7	12.50	16	28.57	3	5.36
Individual & Duo Sports	28	50.00	2	3.57	16	28.57	10	17.86
Swimming	15	26.79	9	16.07	5	8.93	27	48.21
Music	24	42.86	4	7.14	22	39.29	6	10.71
Dance	11	19.64	4	7.14	8	14.29	33	58.93
Drama	12	21.43	5	8.93	8	14.29	31	55.35
Arts & Crafts	19	33.93	12	21.43	18	32.14	7	12.50
Hobby & Interest Groups	5	8.93	1	1.79	2	3.57	48	85.71
Parties, Dances & Socials	2	3.57	4	7.14	10	17.86	40	71.43
Trips & Outings	18	32.14	13	23.21	17	30.36	8	14.29

Table 5.10.3

Extracurricular Activities Provided for Disabled Children by Regular School by Type of Participation (N=56)

Activity	Integrated Only		Segregated Only		Integrated and Segregated		Not Provided	
	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools
Team Sports	27	48.21	0	0.0	11	19.64	18	32.15
Physical Fitness & Active Games	11	19.64	1	1.79	4	7.14	40	71.43
Individual & Duo Sports	7	12.50	1	1.79	1	1.79	47	83.92
Swimming	2	3.57	2	3.57	1	1.79	51	91.07
Music	6	10.71	1	1.79	3	5.36	46	82.14
Dance	5	8.93	0	0.0	0	0.0	51	91.07
Drama	12	21.43	1	1.79	3	5.36	40	71.42
Arts & Crafts	5	8.93	0	0.0	3	5.36	48	85.71
Hobby & Interest Groups	2	3.57	0	0.0	0	0.0	54	96.43
Parties, Dances & Socials	21	37.50	12	21.43	17	30.36	6	10.71
Trips & Outings	3	5.36	1	1.79	2	3.57	50	89.28
Scouting	6	10.71	0	0.0	1	1.79	49	87.50

Table 5.10.4

Classroom Activities of a Recreational Nature Provided for Disabled Children by Special Schools by Type of Participation (N=36)

Activity	Integrated Only		Segregated Only		Integrated and Segregated		Not Provided	
	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools
Team Sports	7	19.44	13	36.11	11	30.56	5	13.89
Physical Education	5	13.89	11	30.56	13	36.11	7	19.44
Individual & Duo Sports	5	13.89	16	44.44	5	13.89	10	27.78
Active Games	4	11.11	20	55.56	10	27.78	2	5.55
Swimming	3	8.33	15	41.67	4	11.11	14	38.89
Music	5	13.89	12	33.33	12	33.33	7	19.45
Dance	6	16.67	11	30.56	5	13.89	14	38.88
Drama	5	13.89	9	25.00	3	8.33	19	52.78
Arts & Crafts	5	13.89	15	41.67	12	33.33	4	11.11
Hobby & Interest Groups	1	2.78	2	5.56	0	0.0	33	91.66
Parties, Socials, & Dances	6	16.67	10	27.78	18	50.00	2	5.55
Trips & Outings	5	13.89	16	44.45	12	33.33	3	8.33
Scouting	0	0.0	3	8.33	0	0.0	33	91.67

Table 5.10.5

Extracurricular Activities Provided for Disabled Children by Special Schools by Type of Participation (N=36)

Activity	Integrated Only		Segregated Only		Integrated and Segregated		Not Provided	
	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools	No. of Schools	% of Schools
Team Sports	8	22.22	3	8.33	11	30.56	14	38.89
Physical Fitness & Active Games	6	16.67	4	11.11	5	13.89	21	58.33
Individual & Duo Sports	0	0.0	3	8.33	1	2.78	32	88.89
Swimming	0	0.0	5	13.89	1	2.78	30	83.33
Music	2	5.56	0	0.0	8	22.22	26	72.22
Dance	1	2.78	0	0.0	1	2.78	34	94.44
Drama	3	8.33	0	0.0	1	2.78	32	88.89
Arts & Crafts	2	5.55	1	2.78	1	2.78	32	88.89
Hobby & Interest Groups	0	0.0	4	11.11	1	2.78	31	86.11
Parties, Socials & Dances	8	22.22	3	8.33	12	33.33	13	36.12
Trips & Outings	2	5.56	2	5.56	2	5.56	30	83.32
Scouting	1	2.78	4	11.11	1	2.78	30	83.33

Neither regular nor special schools provide much in the way of extra-curricular activities except for opportunities to participate in team sports. A wider range of recreative experiences is provided during the school day as a part of regular classroom activities or during lunch hour or "free play" periods. Physical Education is not provided in 19% of the special schools and 27% of the regular schools. However, opportunities to participate in some kind of vigorous physical activity are provided by all schools. Unfortunately, these opportunities are all too often limited to a twenty or at best thirty minute period per day.

Twelve (33%) of the special schools or districts and 12(21%) of the public and parochial regular school districts operate summer programs which are largely recreational in nature.

Tables 5.10.6 and 5.10.7 list the types of facilities provided for recreational activities by regular schools and districts and special schools and districts. Accessibility of facilities was difficult to assess since it was not possible to visit every school in each of the districts visited. However, information obtained from the interviewees indicates that many schools, particularly older ones, are two to four story buildings, some with freight elevators which can be used by disabled students, but many with no elevators. In the special school districts and private day schools there were fewer architectural barriers and more attention paid to adapting facilities to make them accessible than in the regular public and parochial school districts.

Table 5.10.6

Types of Facilities Provided for Recreation Activities for Disabled Children by Regular Schools (N=56)

Type of Facility	Schools Providing		Schools Not Providing	
	No.	%	No.	%
Classrooms	56	100.00	0	0.0
Outdoor Areas	56	100.00	0	0.0
Gymnasiums	52	92.86	4	7.14
Multi-purpose Rooms or Auditoriums	38	67.86	18	32.14
Shops, Craft Rooms and/or Home Ec. Rooms	30	53.57	26	46.43
Swimming Pool	29	51.79	27	48.21
Library	23	41.07	33	58.93

Table 5.10.7

Types of Facilities Provided for Recreation Activities by Special Schools (N=36)

Type of Facility	Schools Providing		Schools Not Providing	
	No.	%	No.	%
Classroom	36	100.00	0	0.0
Outdoor Areas	34	94.44	2	5.56
Multi-purpose Room or Auditorium	34	94.44	2	5.56
Gymnasiums	30	83.33	6	16.67
Swimming Pool	22	61.11	14	38.89
Shops, Craft Rooms, and/or Home Ec. Room	21	58.33	15	41.67
Library	19	52.78	17	47.22

Table 5.10.8 lists the types of assistance received by schools from various community agencies and service groups.

Table 5.10.8

Types of Community Assistance Received by Regular and Special Schools

Type of Assistance	Regular Schools (N=56)				Special Schools (N=36)			
	Receiving		Not Receiving		Receiving		Not Receiving	
	No.	%	No.	%	No.	%	No.	%
Financial	20	35.71	36	64.29	24	66.67	12	33.33
Volunteers	21	37.50	35	62.50	18	50.00	18	50.00
Equipment	12	21.43	44	78.57	12	33.33	24	66.67
Professional Services	12	21.43	44	78.57	10	27.78	26	72.22
Special Events	11	19.64	45	80.36	11	30.56	25	69.44
Use of Facilities	7	12.50	49	87.50	7	19.44	29	80.56

Special school districts and private day schools for the handicapped receive more assistance of all types than do regular schools with special programs for the handicapped. They also more actively seek assistance and are more often approached by community groups offering assistance.

All of the school districts visited provide transportation to and from school during the regular school day. However, very few could provide transportation for after-school activities and many of the interviewees stated that lack of transportation was one of the major reasons for not conducting

recreation activities after school. Other reasons reported were: lack of funds for personnel; programs already available through the public or other recreation agencies in the community; and limited or no interest on the part of parents.

Analysis of data concerning the types of disabilities presented by children attending public, parochial and private day schools revealed that youngsters who are classified as mentally retarded are more often served in special programs than any other type of disability. Table 5.10.9 shows the number and percent of schools providing recreation services to various types of disability groups.

Table 5.10.9

Number and Percent of Public, Parochial and Private Schools Providing Recreation Services by Type of Disability (N=92)

Type of Disability	Number Serving	Percent Serving	No. Not Serving	% Not Serving
Mental Retardation	85	92.39	7	7.61
Other Physical Limitations	79	85.87	13	14.13
Walking Difficulty	67	72.83	25	27.17
Wheelchair Bound	49	53.26	43	46.74
Blind	48	52.17	44	47.83
Deaf	48	52.17	44	47.83

It should be noted that some of the public school districts, both regular and special, indicated that they refer youngsters who are blind, deaf or severely orthodedically handicapped to other school districts or state sponsored schools.

VI. SELECTED COMPARATIVE DATA

A. Personnel

Information was obtained concerning types of staffing in some categories of agencies visited. Table 6.1.1 lists the percentage of agencies in selected categories employing full-time, full-time/part-time, and part-time personnel and using volunteers for recreation services for disabled children and youth.

Churches, followed by regular public and parochial schools, least often employ staff full-time in recreation services and residential schools and long-term hospitals and community and youth serving agencies most frequently assign full-time personnel to such services. Over half the agencies in all categories assign full-time personnel on a part-time basis to recreation services for disabled children. Community and youth serving agencies and public recreation departments most frequently hire part-time personnel to augment full-time staff and public and parochial schools least frequenly do so. These schools also least often utilize volunteers in comparison to agencies in other categories.

Table 6.1.1

Types of Staff Assigned to Recreation Programs for Disabled Children by Selected Categories of Agencies

Category of Agency	Full-time Staff in Recreation for Disabled Children		Full-time Staff/ Part-time in Recreation for Disabled Children		Part-time Staff in Recreation for Disabled Children		Volunteers in Recreation for Disabled Children	
	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
Churches	21.87	78.13	58.00	42.00	46.67	53.33	76.00	24.00
Public Rec. Depts.	39.64	61.36	68.89	31.11	79.55	20.45	65.79	34.21
Community & Youth Serving	75.56	24.44	52.27	47.73	83.93	17.07	78.05	21.95
Health	36.47	63.53	67.06	32.94	44.12	55.88	82.14	17.86
General Hospitals	47.83	52.17	73.91	24.09	34.78	65.22	86.96	13.04
Residential Schools & Long-term Hosp.'s	85.71	14.29	53.57	46.43	39.29	60.71	82.14	17.86
Regular School Dist.'s & Day Schools	32.14	67.86	100.00	0.00	7.14	92.86	14.29	85.71
Special School Dist.'s & Day Schools	62.22	37.78	100.00	0.00	38 89	61.11	50.00	50.00

Analysis of data concerning education levels of full-time personnel revealed that 64% have bachelor degress, 19% have graduate degrees, 9% have some college background and 8% have high school diplomas or less. Table 6.1.2 lists the breakdown of the educational levels of staff assigned full-time to recreation programs for disabled children and youth by selected categories.

It was found that 69% of full-time personnel assigned to work part-time in recreation programs for disabled youngsters have undergraduate degrees, 17% have graduate degrees, 7% have some college background (including R.N.s) and 7% have high school diplomas or less. Table 6.1.3 provides a breakdown of the educational levels of these personnel by category of selected agencies.

In general hospitals, residential schools and long-term treatment centers, nursing aides and attendants are sometimes assigned to working in recreation programs which probably accounts for the higher proportion of staff with high school diplomas or less in these categories. In about one-fourth of the general hospitals, floor nurses and nursing students spend a part of their day in conducting recreation activities which accounts for the high proportion of staff with some college background.

Table 6.1.2

Educational Levels of Staff Assigned Full-time to Recreation Programs for Disabled Children and Youth by Selected Categories of Agencies

Category	% With H.S. Dip. or Less	% With Some College	% With B.A./B.S. Degrees	% With Graduate Degrees
Churches	11.76	17.65	70.59	0.0
Public Recreation Departments	6.41	7.69	71.80	14.10
Community and Youth Serving	7.69	8.60	68.78	14.93
Health	10.34	10.34	65.52	13.80
General Hospitals	13.89	16.67	61.11	8.33
Residential Schools & Long-term Hosp.	8.75	8.75	58.75	23.75
Regular School Dists. & Day Schools	0.0	0.16	62.42	37.42
Special School Dists. & Day Schools	3.92	2.94	50.98	42.16

Table 6.1.3

Educational Levels of Full-time Staff Assigned to Work Part-time in Recreation Programs for Disabled Children and Youth by Selected Categories of Agencies

Category of Agency	% With H.S. Dip. or Less	% With Some College	% With B.A./B.S. Degrees	% With Graduate Degrees
Churches	3.70	3.70	74.08	18.52
Public Recreation Departments	7.73	1.45	78.26	12.56
Community & Youth Serving	1.14	3.41	70.45	25.00
Health	7.89	18.42	55.26	18.42
General Hospitals	12.90	22.58	61.29	3.23
Residential Schools & Long-term Hosps.	26.67	6.67	62.22	4.44
Regular School Dists. & Day Schools	0.00	0.00	75.98	24.02
Special School Dists. & Day Schools	0.00	0.70	71.63	27.67

Less than half the agencies visited were able to provide accurate information on the major areas of study for all of their full-time personnel assigned to work in recreation programs. Over forty fields were identified by those agencies who could provide information. The various fields were categorized and the frequencies tallied and arranged in rank order according to frequency mentioned for each of five selected categories. This information is reported in Table 6.1.4.

Table 6.1.4

Rank Order of Major Area of Study of Full-time Personnel Assigned to Recreation Services for Disabled Children by Selected Categories of Agencies

Major Area of Study	Category of Agency: Comm. & Youth Serving		Health		Schools		Public Rec.		Hospitals & Residential Schools		Average Ranking All Agencies	
	U.G.*	G.**	U.G.	G.	U.G.	G.	U.G.	G.	U.G.	G.	U.G.	G.
Physical Education	1	3	3	-	1	2	3	2	1	4	1.80	2.75
Recreation/Therapeutic Rec.	4	4	4	3	-	-	1	1	2	1	2.75	1.80
Behavioral Sciences	2	1	1	-	5	4	4	4	4	2	3.20	2.75
Educ./Sp. Educ.	3	2	2	2	2	1	2	3	3	3	2.40	2.20
Fine Arts	7	-	-	1	4	5	5	-	5	-	5.50	3.00
Music	8	-	5	-	3	3	-	-	7	5	5.75	4.00
O.T.	-	-	6	-	7	-	-	-	6	-	6.33	-
P.T.	-	7	8	-	6	6	-	-	8	-	7.33	6.33
Speech Therapy	-	-	7	-	-	-	6	5	9	-	7.33	5.00
Home Economics	6	6	-	-	-	-	-	-	10	-	8.00	6.00
Eng./Hist.	5	5	-	-	-	-	-	-	-	-	5.00	5.00

* Undergraduate
** Graduate

Hospitals reported the greatest range of types of undergraduate majors and community and youth serving agencies reported the greatest range of graduate majors.

At the time the interviews were conducted, physical education was reported most frequently as the major field of study for personnel with undergraduate degrees and recreation was most frequently reported as the major for personnel with graduate degrees.

B. Recreation Activities Provided

Comparative data concerning types of recreation activities provided by selected categories of agencies is provided in the following tables.

Table 6.2.1

Types of Physical Activities Provided for Disabled Children and Youth by Selected Categories of Agencies

Category of Agency	Percent of Agencies Providing			
	Ind. & Duo Sports	Team Sports	Active Games & Phys. Fit.	Swimming
Churches	50.00	37.50	65.62	9.37
Public Recreation Departments	84.00	68.00	100.00	86.00
Community & Youth Serving	90.00	74.00	94.00	72.00
Health	63.42	29.27	73.17	63.42
General Hospitals	21.74	17.39	34.78	13.04
Residential Schools & Long-term Hospitals	85.71	82.14	89.29	67.86
Regular Schools - Classroom	82.14	83.93	94.64	51.79
Regular Schools - Extracurricular	16.08	67.85	28.57	8.93
Special Schools - Classroom	72.22	86.11	94.45	61.11
Special Schools - Extracurricular	11.11	61.11	41.67	16.67
Mean - All Categories	57.64	60.73	71.62	45.02

Table 6.2.2

Activities, Other Than Physical, Provided for Disabled Children and Youth

Category of Agency	Percent of Agencies Providing						
	Music Act.	Dance Act.	Drama Act.	Arts & Crafts	Hobbies & Int.	Parties, Socials Sp. Ev.	Trips
Churches	56.25	6.25	3.12	46.87	28.12	100.00	34.37
Public Rec. Depts.	20.00	10.00	14.00	82.00	24.00	62.00	72.00
Comm. & Youth Serving	54.00	28.00	24.00	86.00	88.00	100.00	40.00
Health	34.15	17.07	9.76	65.86	43.90	92.68	75.61
General Hospitals	43.48	4.35	21.75	78.26	21.74	86.96	21.74
Residential Schools & Long-term Hosps.	75.00	28.57	21.43	89.29	85.71	100.00	82.14
Regular Schools - Classroom	89.29	41.07	44.64	87.50	14.29	28.57	85.71
Regular Schools - Extracurricular	17.86	8.93	28.57	14.29	3.57	89.29	10.72
Special Schools - Classroom	80.55	61.12	47.22	88.89	8.34	94.44	91.67
Special Schools - Extracurricular	27.78	5.56	11.11	11.11	13.89	63.88	16.67
Mean - All Categories	49.84	21.09	22.56	65.01	33.16	81.78	53.06

Parties, socials and special events are the types of activities most frequently offered by most agencies (82%), followed by active games and physical fitness activities (72%). Nearly two-thirds of the agencies provide an arts and crafts program and 61% offer opportunities to participate in team sports. There is somewhat less emphasis on individual and duo sports including swimming with only about one-half of the agencies offering such activities. The lack of emphasis in these types of physical activities along with the rather limited opportunities provided by most agencies for disabled youngsters to participate in hobby and special interest groups and performing arts activities raises questions concerning the capability of many existing programs for developing skills and interests which these children will be able to pursue as adults.

C. Types of Disabilities Served

Table 6.3.1 shows the percentage of agencies providing recreation services to specific types of disabilities by selected categories of agencies.

Table 6.3.1

Types of Disabilities Served by Selected Categories of Agencies

	Type of Disability					
Category of Agency	Blind % Served	Deaf % Served	Wheelchair Bound % Served	Walking Diff. % Served	Other Phys. Lim. % Served	Retarded % Served
Churches	12.50	25.00	3.13	37.50	53.13	65.63
Public Recreation Departments	48.00	62.00	52.00	90.00	90.00	98.00
Community & Youth Serving	38.00	52.00	38.00	62.00	88.00	96.00
Health	78.05	68.29	68.29	87.80	90.24	97.56
Regular School Districts	53.57	50.00	51.79	64.29	83.93	91.07
Special School Districts	50.00	55.56	55.56	86.11	88.89	94.45

VII. SUMMARY AND RECOMMENDATIONS

The purpose of this project was to study in greater depth a sampling of a population of over 4,500 potential recreation resources for disabled children and youth identified in a previous national survey in order to:

1) obtain an estimate of the type and quality of recreation services provided to physically disabled and mentally retarded children and youth in a representative national sample of a wide variety of agencies, organizations and institutions in the public, voluntary, and private sectors;

2) develop recommended standards and criteria for provision of recreation services to handicapped children and youth;

3) identify problems and obstacles encountered by recreation resources which do provide services to physically disabled and mentally retarded children and youth and discover the reasons why some resources provide these services to non-disabled children and youth only;

4) write, and prepare for distribution, pamphlets which will assist communities and their agencies, organizations, and institutions in the initiation, improvement and/or expansion of recreation services to physically disabled and mentally retarded children and youth.

A. Procedures

A random representative sample of 800 agencies was selected from the original survey population (a cluster sample, representative of the United States utilizing one Standard Metropolitan Statistical Area in each of nine geographical regions and one Consolidated Metropolitan Statistical Area).

Concurrently with selecting the agencies to be visited and developing the interview guides to be used, a set of standards and criteria for recreation services to disabled children and youth in residential treatment settings was developed. A rating instrument, incorporating the standards and criteria, was designed and tested for reliability in a pilot study involving 18 hospitals and institutions.

Types of agencies visited include commercial, libraries, museums, churches, public recreation agencies, fraternal organizations, community and youth serving agencies, hospitals and residential schools, health agencies, public, parochial and private day schools and 4-H clubs.

A total of 616 agencies were visited of which 542 (88%) provide some recreation services to disabled children and youth. Data from the field interviews provided information for the development of three pamphlets and a report on the results of the survey.

The report of the survey results presents data on extent of increase or decrease in recreation services provided for disabled children and youth since the 1965 survey; problems encountered by agencies in providing recreation services to disabled youngsters. Data is also presented, by category of agencies visited, concerning types of disabilities served, types and accessibility of facilities, activities provided, extent of integration of disabled youngsters with normal peers, types of community resources used in recreation programming, types of assistance obtained from community organizations and agencies, extent and type of transportation provided and, where appropriate, proportion of agencies which publicize and actively recruit disabled youngsters to attend their programs.

Comparative data from selected categories of agencies is discussed concerning: proportion of agencies with full-time, full-time/part-time, part-time staff and volunteers assigned to work in recreation services for disabled children; educational levels of full-time and full-time/part-time personnel; major areas of study of full-time personnel; types of activities provided by

agencies; and types of disabilities served.

Three pamphlets were developed, one directed to agencies desiring to initiate or improve recreation services to disabled children and youth, one directed to parents, and one incorporating the standards and criteria for recreation services provided to disabled children in residential treatment settings.

B. Recommendations

Findings from this study along with observations of the field interviewers reveal the need for further research efforts in several areas.

One observation from the field interviewers was that disabled children and youth who reside in inner-city areas appear to have less chance than children living in other areas of receiving recreation services. This is probably due to a variety of circumstances including the following: 1) fewer recreation services in general are available in most inner-city areas; 2) transportation services from the inner-city to locations where recreation services are provided is frequently limited, often expensive and sometimes non-existent; 3) parents often lack information on the recreational needs of their disabled children; 4) there is often a general lack of political know-how on the part of the poor, who reside in these areas, for acquiring the public recreation services which they have a right to expect. Thus, there is a need to institute therapeutically oriented recreation services in inner-city areas and develop research, demonstration and evaluation programs in conjunction to the services.

In spite of federal and some state and local legislation, enacted during the last few years, architectural barriers continue to be a major deterent to providing services to physically handicapped youngsters. Local "watch-dog" groups reported, in a number of instances, that these regulations are not always strictly enforced. They also reported a general apathy on the part of the public in relation to the needs and problems of physically handicapped persons. Results of this survey indicate a strong need for development of education programs for the public, as well as agency directors and other professionals.

Research and demonstration efforts also need to be directed towards the following:

- strategies for training and utilization of paraprofessional personnel to help reduce the current shortage of available trained personnel;

- methods of fostering inter-agency cooperation in the development of comprehensive recreation services to disabled children and youth;

- design and implementation of transportation services for disabled children and youth;

- community and parent education programs concerning the importance of early play experiences for disabled children;

- analysis of play and recreation activities in relation to sensory-motor, cognitive, and affective behaviors and their development in the handicapped child;

- design and demonstration of methods for integrating disabled youngsters into recreation programs with normal peers.

INCORPORATED AND UNINCORPORATED PLACES
INCLUDED IN THE NINE REGIONAL SAMPLES

Source Table 8 - Census Pub. 1960

U.S. Region I
SMSA Providence, Pawtucket (Inc. Fall River and New Bedford)

State	Component Areas		Population
	County	Place	
Rhode Island	Bristol	Barrington	13,826
		Bristol	14,570
		Warren	7,641
	Kent	Coventry	15,432
		East Greenwich	6,100
		West Warwick	21,414
	Newport	Tiverton	9,461
	Providence	Burrillville	9,119
		Central Falls	19,858
		Cranston	66,766
		Foster	2,097
		Gloucester	3,397
		Harrisville	1,024
		Johnston	17,160
		North Providence	18,220
		Pawtucket	81,001
		Providence	207,498
		Scituate	5,210
		N. Smithfield	7,632
		Woonsocket	47,080
	Washington	Exeter	2,298
Massachusetts	Bristol	Attleboro	27,118
		Fall River	99,942
		New Bedford	102,477
		Seekonk	8,399
		Somerset	12,196
		Westport	6,641
	Middlesex-Suffolk	Boston	6,774
	Norfolk	Bellingham	6,685
		Wrentham	3,117
	Plymouth	Mattapoisett	186,587
	Worcester	Worcester	

U.S. Region II
SMSA Buffalo

State	Component Areas		
	County	Place	Population
New York	Erie	Alden	2,042
		Buffalo	532,759
		Cheektowaga	65,128
		East Aurora	6,791
		Grand Island	9,607
		Hamburg	9,145
		Lackawanna	29,564
		Lancaster	12,254
		North Collins	1,574
		Orchard Park	3,278
		Tonawanda	21,561
		West Seneca	23,138
		Williamsville	6,316
	Niagra	Lockport	26,443
		Niagra Falls	102,394

U.S. Region III
SMSA Indianapolis

Indiana	Allen	Fort Wayne	161,776
	Boone	Zionsville	1,822
	Hamilton	Cicero	1,284
	Hancock	Greenfield	9,049
	Hendricks	Danville/Plainfield	3,287/5,460
	Johnson	Wanamaker	
	Marion	Beech Grove	10,973
		Indianapolis	476,258
	Morgan	Martinsville	7,525
	Perry	Troy	528
	Shelby	Shelbyville	14,317

U.S. Region IV
SMSA Minneapolis, St. Paul

Minnesota	Anoka	Anoka	10,562

Appendix A
(Continued)

State	Component Areas		
	County	Place	Population
Minnesota (Cont'd.)	Dakota	Farmington	2,300
	Hennepin	Bloomington	50,498
		Brooklyn Center	24,356
		Baribault	
		Minneapolis	482,872
		Minnetonka	25,037
		New Hope	3,552
		Wayzata	3,219
	Ramsey	Little Canada	3,512
		Maplewood	18,519
		North St. Paul	8,520
		Roseville	23,997
		St. Paul	313,411
		White Bear Lake	12,849
	Washington	Newport	2,349
		Stillwater	8,310
		St. Louis Park	
U.S. Region V			
SMSA Norfolk, Portsmouth (Inc. Newport News and Hampton)			
Virginia	York	Hampton	89,258
		Newport News	113,662
		Norfolk	304,869
		Portsmouth	114,773
		Richmond	219,958
		South Norfolk	22,035
		Virginia Beach	8,091
	Mathews	Chesapeake	2,264
U.S. Region VI			
SMSA Birmingham, Tuscaloosa			
Alabama	Jefferson	Birmingham	340,887
		Fairfield	15,816
		Mountain Brook	12,680
		Pleasant Grove	3,097
		Tarrant	7,810
	Mobile	Mobile	202,779
	Tuscaloosa	Tuscaloosa	63,370

U.S. Region VII
SMSA Dallas, Fort Worth

State	Component Areas		Population
	County	Place	
Texas	Collin	Allen	659
		Blue Ridge	330
		Anna	639
	Collin-Dallas	Richardson	16,810
	Dallas	Carrollton	
		Dallas	679,684
		Duncanville	3,774
		Garland	38,501
		Grand Prairie	30,386
		Hutchins	1,100
		Irving	45,985
		Lancaster	7,501
		Mesquite	27,526
	Johnson	Alvarado	1,907
		Grandview	961
	Parker-Tarrant	Azle	2,969
	Tarrant	Arlington	44,775
		Fort Worth	356,268
		Haltom City	23,133
		White Settlement	11,513

U.S. Region VIII
SMSA Denver

Colorado	Adams	Aurora (part)	48,548
		Brighton	7,055
		Commerce Town	8,970
		Westminster	13,850
	Arapahoe	Aurora (part)	
		Englewood	33,398
		Littleton	13,670
	Boulder	Longmont	11,489
	Clear Creek	Idaho Springs	1,480
	Denver	Denver	493,887
	Jefferson	Golden	7,118
		Lakewood	19,338
		Wheat Ridge	21,619

U.S. Region IX
SMSA Portland

State	Component Areas		Population
	County	Place	
Oregon	Clackamas	Canby	2,168
		Estacada	957
		Milwaukie	9,099
		Oregon City	7,996
	Marion-Polk	Salem	49,142
	Multnomah	Gresham	3,944
		Portland	372,676
		Troutdale	522
	Washington	Banks	347
		Beaverton	5,937
		Hillsboro	8,232
		Sherwood	
	?	Lakeside	
Washington	Clark	Vancouver	32,464

U.S. Region X
SMSA Chicago, Milwaukee, Kenosha, N.W. Indiana

Illinois	Cook	Arlington Heights	27,878
		Bellwood	20,129
		Berwyn	54,224
		Bridge View	7,334
		Broadview	8,588
		Brookfield	20,429
		Chicago	3,550,404
		Cicero	69,130
		Evanston	79,283
		Evergreen Park	24,178
		Franklin Park	18,322
		Glencoe	10,472
		Hinsdale	12,859
		La Grange Park	15,285
		Lincolnwood	11,744
		Matteson	3,225
		Maywood	27,330
		Melrose Park	22,291
		Morton Grove	20,533
		Mount Prospect	18,906
		Niles	20,393
		Northbrook	11,635
		Oaklawn	27,471

State	Component Areas		
	County	Place	Population
Illinois (Cont'd.)	Cook	Oak Park	61,093
		Palatine	11,504
		Palos Heights	3,775
		Park Ridge	32,659
		Schiller Park	5,687
		Skokie	59,364
		South Holland	10,412
		Stickney	6,239
		Wadsworth	
		Westchester	18,092
		Western Springs	10,838
		Wheeling	7,169
		Willow Springs	2,348
		Winnetka	13,368
	Du Page	Addison	6,741
		Bensenville	9,141
		Glen Ellyn	15,972
		Lisle	4,219
		Lombard	22,561
		Villa Park	20,391
		Winfield	1,575
		Wood Dale	3,071
	Kane	Aurora	63,755
	Kendall	Oswego	1,510
	Lake	Gurnee	1,831
		Zion	11,941
	Lake-Cook	Deerfield	11,786
	Will-Cook	Park Forest	29,993
	Will County	Joliet	66,780
Indiana	Allen	Fort Wayne	161,776
	Lake	East Chicago	57,669
		Gary	178,320
		Hammond	111,698
		Hobart	18,680
		Whiting	8,137
	Porter	Valparaiso	15,227
Wisconsin	Kenosha	Kenosha	67,899

State	Component Areas		
	County	Place	Population
Wisconsin (Cont'd.)	Milwaukee	Brown Deer	11,280
		Greendale	6,843
		Milwaukee	741,324
		South Milwaukee	20,307
	Ozaukee	Port Washington	5,984
	Racine	Racine	89,144
	Waukesha	Menomonee Falls	18,276
		Muskego	8,888
		Waukesha	30,004

Appendix B

CATEGORIES OF AGENCIES AND ORGANIZATIONS INCLUDED IN STUDY

Category 1 — Commercial agencies
for example: amusement parks
bowling alleys
billiard parlors
dance, music schools
theatres

Category 2 — Churches, Libraries, and Museums

Category 3 — County and Municipal Recreation and Park Departments

Category 4 — Fraternal and Service Organizations
for example: national civic organizations such as Rotary, National Council of Jewish Women
settlement houses, YM-YWCA's
youth serving organizations

Category 5 — Hospitals and Residential Schools

Category 6 — Health Organizations
for example: United Cerebral Palsy
Association for Retarded Children

Category 7 — Private and Parochial School Districts

Category 8 — 4-H Clubs

Appendix C

PROJECT ADVISORY COMMITTEE

Elliott M. Avedon, Ed.D.	Associate Professor Chairman, Program in Recreation and Related Community Services Teachers College Columbia University
Alice Burkhardt	formerly, Director of Recreation Children's Hospital Chicago, Illinois
Virginia Frye, Ph.D.	Professor, Recreation Education Iowa State University Ames, Iowa
John Gehan, M.A.	Assistant Director Labor Rehabilitation Project New York City Central Labor Council
Lois J. Hardt, Ph.D.	Senior Research Scientist Division of Physical Education, Health, and Recreation School of Education New York University (formerly, Field Director, National Easter Seal Society, Chicago, Illinois)
Frank Hartsoe, M.A.	Director of Recreational Services The Children's Village Dobbs Ferry, New York
Ira J. Hutchison, Jr., M.A.	Assistant to the President National Recreation and Park Association Washington, D. C.
Claudette B. Lefebvre, M.A.	Instructor Division of Physical Education, Health, and Recreation School of Education New York University
Jay S. Shivers, Ph.D.	Associate Professor School of Physical Education University of Connecticut

Appendix D

PERSONS ATTENDING WORK CONFERENCE JANUARY 26, 1968

Agency Representatives

Ruth Amen	Camp Fire Girls, Inc.
James Arles	Westchester County Commission of Parks, Recreation and Conservation
Chaim Gruenwals	National Federation of Settlements and Neighborhood Houses
Giovanna Nigro	United Cerebral Palsy of New York City
David Wynn	Boys' Clubs of America

Members of Advisory Committee

Elliott Avedon	Teachers College, Columbia University
Alice Burkhardt	Children's Hospital, Chicago, Illinois
Virginia Frye	University of Illinois
Frank Hartsoe	Children's Village, Dobbs Ferry, New York
Ira Hutchison, Jr.	National Recreation and Park Association
Claudette Lefebvre	School of Education, New York University
Jay Shivers	School of Physical Education, University of Connecticut

Project Staff

Edith L. Ball, Ed.D.	Education and Research Consultant Division of Physical Education, Health and Recreation, School of Education, New York University
Doris Berryman	Project Director, New York University
Dorothy Lander	Research Associate, New York University
Annette Logan	Therapeutic Recreation Specialist, New York University

Appendix E

INSTITUTIONS PARTICIPATING IN PILOT STUDY

Bellevue Hospital Center
New York City

Blythedale Children's Hospital
Valhalla, New York

Central Islip State Hospital
Central Islip, New York

The Children's Village
Dobbs Ferry, New York

City Hospital at Elmhurst
Queens, New York

Creedmore State Hospital
Queens, New York

Institute of Rehabilitation Medicine
New York University Medical Center
New York City

Kings County Hospital Center
Brooklyn, New York

Kingsbrook Jewish Medical Center
Brooklyn, New York

Lenox Hill Hospital
New York City

Letchworth Village
Thiells, New York

Lexington School for the Deaf
Jackson Heights, Queens, New York

Memorial Hospital for Cancer and
Allied Diseases
New York City

Montefiore Hospital and Medical Center
Bronx, New York

Oak Hill School
Hartford, Connecticut

Queens Hospital Center
Jamaica, New York

Roosevelt Hospital
New York City

University Hospital
New York University Medical Center
New York City

Appendix F-1

202 (R) - 3-1

COUNTY AND MUNICIPAL RECREATION AND PARK DEPARTMENTS

1. Kind of agency _____

2. Serve disabled: _____ Yes _____ No.

   How often: _____ Regularly _____ Occasionally

3. For about how many children do you provide recreation service per month?

	R-196			R-196
____ non-disabled	____	____	children in wheelchairs	____
____ blind	____	____	walking difficulty	____
____ deaf	____	____	other physical limitations	____
____ mentally retarded	____	____	other	____

4. Which of the following facilities do you use? How many?

	Now	From R-196
A. Parks, including athletic facilities, multi-purpose paved areas, playgrounds, monuments, and historical sites.	_____	_____
B. Outdoor pools	_____	_____
Bathing beaches	_____	_____
Boating centers	_____	_____
C. Picnic and camping facilities	_____	_____
D. Museums	_____	_____
Zoos/Aquaria	_____	_____
Botanical Gardens	_____	_____
E. Stadia	_____	_____
Outdoor theatres	_____	_____
Music and band shells	_____	_____
Dance pavilions	_____	_____
F. Recreation buildings	_____	_____
G. School buildings	_____	_____
H. School yards and athletic fields	_____	_____
I. Other	_____	_____
	_____	_____

4a. Have any of the above facilities been modified or adapted for use by disabled children? How?

	A	B	C	D	E	F	G
Ramps and/or extra wide doors							
Special toilet facilities							
Handrails							
Non-skid flooring							
Special elevators							
Braille signs							
Special marking facilities							
Modified activity facilities and/or equipment							
Other							

5. What activities do you provide for disabled children?

	If Disabled Served	
	Integrated	Segregated
Arts and crafts	_____	_____
Team sports	_____	_____
Individual sports	_____	_____
Duo sports	_____	_____
Swimming	_____	_____
Game room activities	_____	_____
Bowling	_____	_____
Dances, parties	_____	_____
Theatre and concerts	_____	_____
Special events	_____	_____
Other	_____	_____
	_____	_____

6. Which activities do you encourage for handicapped children? Why?

_____

_____

7. Which activities do you discourage? Why?

_____

_____

8. Are there any activities that are not allowed? Why?

_____

_____

9. Has any equipment been adapted for use by the physically disabled? How?

_____

_____

10. What do you provide as programs for disabled children?

Program	Group Served
_____	_____
_____	_____
_____	_____

How Often

_____

_____

_____

11. (If a/when the) program for disabled children (were to be/was originally) set up, what difficulties (would/did) you expect to encounter?

Difficulty expected	Was it actually encountered?
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

11. (continued)

How did you handle it? Do you still have it?

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

How do you plan to overcome it?

1. _____
2. _____
3. _____
4. _____

12. From where do the disabled children come?
Do you recruit? _____ Yes _____ No Where? _____

Do you publicize the availability of your program/facilities to disabled children? _____ Yes _____ No Where? _____

Do the children come in under the auspices of another agency? _____ Yes _____ No What agency(ies)? _____

13. What services are provided under your exclusive auspices?

	Now							Information from R-196						
	Blind	Deaf	Wheelchair	Walking Difficulty	Other Phys. Limitations	Mentally Retarded		Blind	Deaf	Wheelchair	Walking Difficulty	Other Phys. Limitations	Mentally Retarded	
equipment and supplies														
instruction and teaching														
supervision and leadership														
administration														
financing														
use of facility														

14. What services are provided under joint auspices?

equipment and supplies														
instruction and teaching														
supervision and leadership														
administration														
financing														
use of facility														

15. Which community groups give you help?

Group	What do they give?

16. Do you have staff specifically responsible for recreation service to children and youth? How many?

	Information from R-196	Now
Full time		
Full time, part time for children		
Part time		
Volunteer		
None		

17. What is the EDUCATIONAL BACKGROUND of the recreation staff?

	H.S. Grad	AA Degree	BS Major	Grad Work	Grad Degree Major
Full time					
Part time					
Volunteer					

18. What is the EXPERIENCE of the staff with disabled children? On what basis?

	None	Some	Great Deal
Full time			
Part time			
Volunteer			

19. Did you ever have a program for disabled children? _____ Yes _____ No

20. IF YES: How long ago? _____

What kind(s) of program? _____

_____

Why was it stopped/decreased? _____

_____

21. IF NO: Why don't you now have a program for disabled children?

_____ no disabled children in area

_____ insurance

_____ board opposition

_____ staff opposition

_____ client opposition

_____ extra expense

_____ architectural barriers

_____ lack of staff

22. Do you think that disabled children have a problem finding recreation?

_____

_____

23. Do you think that recreation for disabled children should be on a

_____ segregated or _____ integrated basis? Why?

_____

24. Do you think that disabled children should be served by _____

specialized agencies _____ regular agencies? Why?

_____

25. Have you ever approached ____ or been approached by ____ an agency or group serving disabled children about the use of your facilities ____ or about setting up a special program ____ or including disabled children ____ in your program? What was (would be) your reaction to being approached?

OTHER INTERVIEW GUIDES

A. Commercial Agencies.

1. Same as 1., Appendix

2. Serve disabled: _____ Yes _____ No.

   How often: _____ Regularly _____ Occasionally.

   On what basis? _____ group _____ individual _____ mostly group

   _____ mostly individual.

3. Same as 3., Appendix

4. What kinds of facilities are provided? Have any been adapted for use by the physically disabled? How?

Facility	Adapted - How	Accessible	Info from R-196

5. What kinds of activities are provided?

	If Disabled Served	
	Integrated	Segregated

6. through 9. Same as 6 through 9, Appendix

10. Are there barriers preventing use by the physically disabled?

    Stairs: _____ Yes _____ No Where? _____ Entrance _____ toilets

    _____ Other

11. Are there other barriers? _____ Yes _____ No Where? _____

12. _____ areas are accessible (all, some, most)

13. How close are you to public transportation?

    _____ Stop at door

13. (continued)

_____ Stop 1 - 2 blocks

_____ Stop 3 or more _____ blocks

_____ No public transportation in area

14. through 18. Same as 11 through 15, Appendix

19. through 25. Same as 19 through 25, Appendix

B. Churches, Libraries, and Museums.

1. through 18. Same as 1 through 18, Section A, above.

19. through 28. Same as 16 through 25, Appendix

C. Fraternal and Service Organizations.

1. Same as 1., Appendix

2. Provide recreation services? _____ Yes _____ No

   Provide other services? _____ Yes _____ No

3. Same as 3., Appendix

4. What kinds of facilities are provided? Have any been adapted for use by the physically disabled? How?

Facility	Adapted - How	Accessible	Info from R-196

Do you use any recreation resources in addition to your own facilities?

_____ Yes _____ No

Used in Community:

Movies _____ Outdoor Areas _____

Restaurants _____ Bowling Alleys _____

Sports Events _____ Other _____

5. Same as 5, Section A above.

6. Do you provide transportation for the children you serve in recreation programs? _____ Yes _____ No R-196: _____ Yes _____ No

If yes, is this transportation provided through:

	Vehicle owned & operated by		Driver paid by _____	
	Now	R-196	Now	R-196
Your group	_____	_____	_____	_____
Another group	_____	_____	_____	_____
Joint sponsorship with another agency	_____	_____	_____	_____
A rental agency	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____

7. through 21. Same as 11 through 25, Appendix

D. Hospitals and Residential Schools.

1. through 3. Same as Section C, above.

4. What kinds of facilities are used for recreation?

Provided by agency:		Used in Community:	
Separate recreation building	_____	Movies	_____
Separate recreation	_____	Restaurants	_____
Solarium or day room	_____	Sports events	_____
Ward (bed area)	_____	Outdoor areas	_____
Gymnasium	_____	Bowling alleys	_____
Auditorium	_____	Other	_____
Swimming pool	_____		_____
Hobby shop	_____		_____
Athletic field	_____		_____

4. (continued)

Playground _____

Other outdoor area _____

Other _____

5. What kinds of activities are provided?

		If Disabled Served	
		Integrated	Segregated
Team sports	_____	_____	_____
Individual sports	_____	_____	_____
Swimming	_____	_____	_____
Arts and crafts	_____	_____	_____
Movies	_____	_____	_____
Dances	_____	_____	_____
Parties	_____	_____	_____
Table games	_____	_____	_____
Bedside activities	_____	_____	_____

6. Through what administrative subdivision is recreation service provided?

	Info from R-196	Now
Independent department	_____	_____
Activity therapy (O.T., P.T.)	_____	_____
Rehabilitation department	_____	_____
Directly under clinical services	_____	_____
Psychiatry	_____	_____
Nursing department	_____	_____
Volunteer department	_____	_____
Other	_____	_____

7. Do you invite non-disabled children to participate in your program?
_____ Yes _____ No Information from R-196 _____

8. through 22. Same as 11 through 25, Appendix

E. School Districts.

1. through 4. Same as Section C, above.

5. What kinds of recreation activities are provided? Class or extra/co-curricular?

	Class (C) or Extra-Curricular (E)	If Disabled Served Integrated	Segregated
Sports/athletics	_____	_____	_____
Music	_____	_____	_____
Dance	_____	_____	_____
Drama	_____	_____	_____
Arts and crafts/hobbies	_____	_____	_____
Outdoor activities	_____	_____	_____
Trips	_____	_____	_____
Other	_____	_____	_____

6. Which activities do you encourage for handicapped children? Why?

_____

_____

7. through 8. Same as 7 through 8, Appendix

9. Number of schools in district: Elementary _____

Intermediate _____ Secondary _____

10. Approximately how many children does your board/district serve?

Elementary _____ Secondary _____

Intermediate _____ Information from R-196 _____

11. through 18. Same as 11 through 18, Appendix

F. 4-H Clubs

1. through 3. Same as Section C, above.

4. What kinds of facilities are used for recreation?

_____

_____

_____

5. Same as 5, Section A, above.

6. through 8. Same as 6 through 8, Appendix

9. Same as 11, Appendix

APPENDIX G

EDITORIAL ADVISORY COMMITTEE FOR PAMPHLETS

Mr. John Buckley	Roseville Park and Recreation Department Roseville, Minnesota
Dr. Howard Coleman	West Warwick School District West Warwick, Rhode Island
Mrs. Nancy Johnson	Dallas Association for Retarded Children Dallas, Texas
Miss Mary Elizabeth Ledlie	Milwaukee Public Library Milwaukee, Wisconsin
Mrs. Sandra Little	Elk Grove Park District Elk Grove Village, Illinois
Mr. William F. Roady	Department of Recreation and Parks Newport News, Virginia
Mr. Arthur Rubin	Rehabilitation Institute of Chicago Chicago, Illinois
Miss Kathleen Sughrue	Federal Extension Service Minneapolis, Minnesota

And all members of the Project Advisory Committee (see Appendix C, p. 75).

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